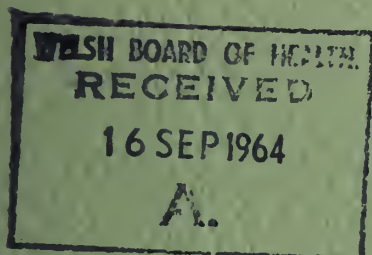


MONTGOMERY COUNTY COUNCIL



REPORT
of
THE COUNTY MEDICAL OFFICER
OF HEALTH
for
1962 and 1963



COUNTY HEALTH OFFICES,
NEWTOWN,
MONTGOMERYSHIRE.
JULY, 1964.

D. FELIX RICHARDS
M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.,
D.P.H., D.T.M. & H., D.(Obst.) R.C.O.G.



Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the annual report of the County Medical Officer of Health for the year 1962 and 1963.

I took up my duties as County Medical Officer of Health and Principal School Medical Officer in the middle of 1962 (July 1st) and, as there were continuing developments in many fields of public health in the county for the eighteen months from then until 31st December, 1963, it was thought advisable to publish a combined annual report covering the two years 1962 and 1963.

The first major task I was called upon to undertake on the administrative side was to review the multiplicity of services provided by the Montgomery County Council as a Local Health Authority and to prepare a relatively detailed plan for submission to the Ministry of Health covering the anticipated evolution of the Authority's services for the ten years from 1962 to 1972. Little time was available for consideration of the plan before its presentation to the Ministry of Health. Much detailed information on existing services has to be collated and many guesses had to be hazarded as to the way in which various services could best be initiated, developed or improved. As always, the factor of finance had to be considered, and a further consideration that dominated all concepts of future planning was the question of the likely availability of qualified staff of the right calibre to man any new posts created, or to expand existing services. Social trends such as depopulation, had to be taken into account and one also had to give thought to the possibility of the emphasis on various services changing in the future.

In the event, a plan was prepared in conjunction with the Welfare Department, approved by the appropriate committees, and submitted by the required date. Annual revision of this plan is called for by the Ministry so that in any given year the authority's intentions for the next ten years in the field of health and welfare will be incorporated in a succinct document which should be easy to read and understand.

It seemed to me that the services functioning when I took over duties here were reasonably satisfactory when one took into consideration the socio-economic structure of the county. It is always difficult to estimate the total efficiency of the health services provided by any local health authority but if one takes such indices as, for instance, the infant mortality, immunisation rate, provision of purpose-built or well-adapted infant welfare clinics, and other factors, it appears that the population of Montgomeryshire was receiving an adequate return for the money spent on their behalf by the Local Health Authority.

It seemed, however, that there were gaps in some of the services. Perhaps the service that could be considered as being most in need of reform, and expansion, was the Mental Health Service. The Mental Health Act of 1959 had the effect of greatly increasing the load of responsibility of local health authorities. Montgomeryshire, in 1962 was attempting to cope with this increased load with a staff that consisted of two part-time mental welfare officers, and a part-time psychiatric social worker, and five health visitors also devoted a small fraction of their time to Mental Health problems. Despite the energetic efforts of these officers, their day-to-day commitments in other fields of responsibility enabled them to do little for the mentally ill and mentally handicapped apart from emergency work, and little could be done in the way of prevention of mental illness and support for families. Thanks largely to the efforts of the staffs of local psychiatric hospitals, and the personal interest of family doctors in the county in their patients, Montgomeryshire has not yet felt the full impact of the changes resulting from the Mental Health Act, 1959. Acute psychiatric and social emergencies have been dealt with on an individual basis, often at the expense of a great consumption of time by officers who should be devoting their professional skills to other tasks. The Health Committee has taken a sympathetic view of the need for expansion of staff in this field, and, although there have been set-backs, at the time of writing provision has been made in the establishment for what should be an adequate staffing ratio, at least for the early years of the reformed Mental Health Service. I have no doubt that this branch of the County's Services will play an increasingly important rôle in future and if the Ten-Year Plan for the development of the Hospital services is implemented as intended, many more unfortunate persons requiring support will have to be dealt with by the Montgomeryshire Local Health Authority.

The existence of an efficient and flexible Mental Health Service will do much to relieve the misery and stress to which mentally ill and mentally handicapped people and their families are subjected.

The proposal to erect a purpose-built Junior Training Centre for mentally handicapped children at Newtown has been subjected to a series of frustrating delays. In planning the centre it was thought that any building provided should be capable of easy adaptation and expansion. There was, and there remains, an urgent need for this provision, and the set-backs referred to have been very disappointing. One's experience with this project makes one somewhat pessimistic about the possibility of providing, without great delay and difficulty, the services and establishments (Adult Training Centres, etc.) that Local authorities are called upon to provide under the Mental Health Act, 1959 and for which provision has been made in Montgomeryshire's Ten Year Plan. (At present this authority is operating a Junior Training Centre in temporary and adapted premises, and the hard-pressed staff of the centre are doing their best under difficult circumstances. It is to be hoped that they will soon be working in a suitable specially designed building). During 1963 a form of progress-chart was introduced at the Junior Training Centre. These charts are completed for each child at regular intervals, and enable one to see at a glance what progress is being made in each case.

Another problem which may present increasing difficulties in future is the care of the elderly mentally infirm. Depopulation and other social factors result in an ageing population, and the numbers will probably grow of old people who are mildly confused, occasionally incontinent, and not considered suitable for admission to psychiatric beds, chronic sick beds, or welfare homes, and yet present too great a problem to be dealt with by support in their own homes. The question of how they are to be dealt with has been exercising the minds of the health and welfare departments. The solution of the problem is not yet in sight, and whatever provision is made, if indeed effective provision can ever be made, the staffing ratio will have to be high and the service will be a very expensive one.

On the more positive side, in September 1962 this Authority started issuing oral poliomyelitis vaccine. This policy has proved successful, and the public response has been good.

Children born since 1961 have been offered protection against Tetanus, and there has been a good acceptance-rate. In 1963 a start was made on the provision of this service to older children in the pre-school and school age groups. It is hoped that this valuable service will continue to be developed and that soon all children can be offered this protection.

The figures for notification of cases of Tuberculosis continue to show the downward trend of recent years; and reflect the national tendency. The recession of this disease may be regarded as a modern medical miracle, and is probably due to many causes, but two factors should still be remembered as far as Tuberculosis is concerned, firstly, the emergence of drug-resistant organisms, and secondly the danger of the importation of the disease from abroad. Our defences against the disease should not be neglected, in fact the fall in incidence of the disease makes it more important than ever to ensure that patients are treated as early as possible, and contacts examined as thoroughly as possible, to detect sources and secondary cases. The Chest Physicians who give their services to Montgomeryshire were most helpful in 1962 and 1963.

In 1962 the establishment of the District Nursing, Midwifery and Health Visiting staff was reviewed. The Organisation and Methods working party had recommended, in 1961, an establishment figure which reduced the number of staff, the staffing figure suggested being eight Health Visitors and fifteen District Nurse/Midwives. (The Ministry of Health have for some time advocated that Health Visitors should be "full-time", and that their duties be completely divorced from District Nursing and Midwifery). It was thought that the establishment suggested by the Organisation and Methods party was impractical and unworkable, and Dr. J. Mary Pryce, the then Acting County Medical Officer of Health and Miss S. D. Wilson, Superintendent Nursing Officer prepared a report which was submitted to the Health Committee recommending the following establishment :-

8 Health Visiting staff.
14 District/Nurse Midwives.

plus 4 full-time relief District Nurse/Midwives (or the equivalent in part-time employees).

It was hoped to implement this establishment as and when the qualified officers became available, and this process has been proceeding through 1963 and 1964. In the Authority's Ten-Year-Plan it was stressed that this establishment was a minimal one, in view of the long distances that have to be travelled by these officers in their new extended areas, and when allowance was made for sick leave and other emergencies, particularly when the shortage of skilled and qualified staff available was borne in mind. It became apparent towards the end of 1963 that some of the staff were over-extended in their duties in their new, larger areas, and it will be necessary to review the establishment from time to time in the light of developing circumstances. If the present trend towards increasing numbers of hospital confinements and early discharges of mothers and babies is maintained, District-Nurse/Midwives will necessarily be more occupied in future.

I consider that the Nursing and Health Visiting staff should be thanked for the way that they were prepared to accept these new arrangements of their duties, which were, inevitably, to a degree experimental.

In 1963 arrangements were made to register formally in this office all babies that could be thought to be at risk of developing some condition that might affect their future health and welfare. Health Visitors were circularised with a list of conditions, (Genetic, Prenatal, Perinatal, Postnatal) that might affect a baby's health, education or training in future years, and were asked to report any significant case to this office. Any case reported can then be given extra supervision and the aid, advice, and treatment of family doctors, assistant County Medical Officers of Health and the specialist services can be obtained for cases that deviate from the physical and mental norm early in life, when it is most effective. This "at risk" register has already justified the extra work involved as far as the Health Visitors are concerned. Also in 1963 arrangements were made for any congenital abnormalities in new-born babies to be notified to this office, for onward transmission to the Ministry of Health every month. This procedure was initiated at the beginning of 1964, and not only should it help to bring to notice cases "at risk", but it could well be invaluable from the research point of view, in establishing the cause of some congenital conditions.

During 1963 an increased use was made by the nursing staff of disposable pre-sterilised syringes. These syringes are conveniently packed, and safer, from the contamination point of view, than the old, boilable syringes, and the nursing staff have welcomed this innovation. The fact that injections can now be given easily and quickly should not necessarily mean that the length of each visit is curtailed. The nursing staff are encouraged to make use of the time saved to develop deeper social and personal contact with their patients, for many of whom (the elderly living alone for instance) the visit of one of our staff may be one of the few occasions when personal human contact is made.

Mention was made in the Annual Report for 1961 of the provision of disposable underpads for incontinent patients confined to their own homes. It is not overstating the value of these disposable pads to say that their use has enabled many patients to be cared for at home who would otherwise be in hospital. The demand for this provision continues to grow.

Another most valuable aid to the domiciliary nursing service is the "lifting hoist". Three are now in use and are proving most helpful for nursing staff and relatives. It may be necessary to provide more as the demand grows. Again, their use enables patients to be looked after at home rather than in hospital.

In 1963 dental inspection and treatment was carried out in the County's Nursery Schools. As in many authorities, shortage of dental staff prevented any major effort being made in the provision of dental services for expectant and nursing mothers, but it is hoped that this service may be expanded if ever the dental establishment now agreed to is realised. Mr. J. A. Reece also, in 1963, treated cases in the Authority's Junior Training Centre.

The Ambulance and Sitting-case car Service is discussed under the heading Section 27 of the National Health Service Act later in this Report, and in an Appendix.

A close relationship existed between this Department and the Children's Officer in 1962 and 1963. This meant that difficult cases could be discussed at a friendly and informal level and that both Departments could give each other support where most needed.

There were no major public health problems in the County in the years 1962 and 1963, but your Health Department staff were kept busy despite this fact. Many of the Authority's services were reviewed, and innovations and alterations made in them. These alterations often resulted in an increased work-load being placed on the officers working in the services concerned.

A considerable number of reports and circulars were sent out from this Department to members of the Health Committee, family doctors, Nursing and Health Visiting staff and others. The subjects of these Reports ranged from "Observations on the Report and Proposals for Wales of the Local Government Commissioners" to "The Mobilisation of Community Services" and from "The Monitoring of Radio-active substances" to "The Fluoridation of Water Supplies". As far as the last subject is concerned, Mr. J. A. Reece, the Principal Dental Officer and I prepared a report advocating the adoption of a policy of fluoridating water, where necessary, to a concentration of 1 part per million. The Health Committee looked upon these reports with favour, and recommended that the matter be reviewed in the future when a comprehensive and co-ordinated water supply scheme might be in operation. It would be difficult, because of the large number of water sources that supply the population of the County, to implement a policy of fluoridation at present.

Although, as County Medical Officer of Health, I have no official connection with the Montgomeryshire Water Board, my routine duties have brought me in touch with the officers of the Board, and I have been given the opportunity to examine their proposed comprehensive schemes. It seems to me that if these schemes were to be implemented, a very large proportion of the population would have access to an adequate supply of water that could be effectively and easily controlled and supervised from a public health point of view. Although the Borough, Urban and Rural District Councils have made great efforts in the past, often under difficult circumstances, to supply their populations with adequate and safe water, I have little doubt that if the Water Board's proposals are adopted the populace of Montgomeryshire would derive all-round benefits.

Taking a retrospective view of the first eighteen months following my appointment, the major impression I have is of the amount of time that was spent in solving problems presented by some individual cases, and the dislocation in working routine that resulted from this. Emergencies, especially some social emergencies, and in cases involving mentally ill or mentally handicapped patients, may call for a large number of telephone calls to be made and letters to be written at short notice. On these occasions, much person-to-person communication is necessary, and sometimes one is obliged to wait for a telephone call from some busy person before one can take whatever urgent action is necessary. In this way much of one's working day can be eroded, often in a fruitless and frustrating manner, and it is difficult to make and keep planned appointments. In general also, if one is to deal with the day-to-day problems that appear on one's desk and to allow reasonably open access to anyone who might wish to approach one about some difficulty, it is necessary to spend a large amount of one's time in the office, where, in fact, by far the greatest part of my working time is spent. This means that it is difficult to devote the time one should to visiting and inspecting the services the County gives as a Local Health Authority, and one grows increasingly remote from the Authority's staff and from colleagues in the medical and ancillary professions. This tendency to be office-bound is inevitable in the present circumstances and is a sad fact. The danger is that one will become so bogged down in a morass of administrative detail that one's awareness of, and capacity for dealing with, major problems and projects of preventive medicine will become atrophied.

Looking back again, on the years 1962 and 1963, I should like to thank many people for the help and support they gave me and my Department in these years.

The Health Committee of the Montgomeryshire County Council received any reports and observations made to them with sympathy and understanding, and wherever possible, gave support to any projects that were recommended to them. Their attitude was encouraging. If the County's health Service in the future is to be developed to the greater benefit of the population, it will inevitably be necessary to increase both capital and revenue expenditure. It is to be hoped that the enlightened attitude of the Health Committee will be maintained in the years to come.

I should also like to express my appreciation to the Health Committee for recommending to the County Council that I be permitted to attend various courses in 1962 and 1963. In these years I attended a course in Child and Family Guidance at Bristol, a course on the Early Development of Children organised by Dr. Ruth Griffiths in London, and a course at the Centre for Spastic Children, also in London. Attendance at this type of course is by no means a holiday. The syllabi are tightly organised, and much background reading and study are necessary before, during and after each course. The increase in professional expertise and knowledge resulting from attendance at these courses however, made them well worth while. County Medical Officers and Assistant County Medical Officers will have to play a bigger part in the future in the identification and assessment of mentally and physically handicapped children at as early an age as possible, and it will become necessary to detach your officers from time to time to attend these courses so that they can be made aware of the rapid developments taking place in many fields. The Annual Congress of the Royal Society of Health is a more relaxed affair, but attendance there gives one the only opportunity in the year to meet colleagues working in preventive medicine from many areas and to discuss problems and difficulties with them.

The family doctors with patients in Montgomeryshire proved to be most approachable and helpful, even though they are kept busily occupied with their practices. I have been impressed by the deep personal knowledge the family doctors in this area have of their patients, and by their continuing interest in them.

Hospital consultants and their staffs were also most co-operative. With some exceptions, and these exceptions were excusable in view of the work-load of the persons concerned, they saw cases soon after an appointment had been solicited for a patient and furnished comprehensive reports soon after seeing the patients.

The Voluntary Societies, especially the British Red Cross Society and the Order of St. John of Jerusalem, continued to give invaluable aid to the Health Department in 1962 and 1963. They make a most impressive contribution to the health services in this County. Apart from the routine tasks they perform so willingly in the provision of the Ambulance Service, Medical Loan Depots, Clubs and holidays for the physically handicapped and so forth, they also cheerfully accepted any urgent request for help. The people of Montgomeryshire have cause to be grateful to these volunteers, who give so much of their time and energy to their organisations.

Tribute has already been paid to the way in which the Health Visiting, District Nursing and Midwifery staff carried out their duties in the years concerned, especially during the bitter 1962-63 winter, and for their acceptance of changes in their working regimes.

The Assistant County Medical Officers continued to perform their duties efficiently and conscientiously. The practice of holding periodic meetings of all medical officers of your staff was started in 1962. At these meetings matters of mutual interest are discussed and individual problems are dealt with. These meetings have proved to be useful.

Miss S. D. Wilson continued to show drive, energy and discretion in her post as Senior Nursing Officer, and her willing acceptance of responsibility relieves the County Medical Officer of a considerable amount of work and worry.

Mrs. R. Goodwin, the Home Help Organiser, operated the important service for which she is responsible in a conscientious and efficient way in 1962 and 1963. Her tasks are often difficult, but she accepts the responsibility cheerfully.

In 1963 a Saturday morning Club for handicapped girls was started through the good offices of the Montgomeryshire Society for Mentally Handicapped Children and other interested bodies. The Club meetings were held at the College of Further Education in Newtown, where the Montgomeryshire Local Education Authority had kindly offered the use of the accommodation required. The girls attending the Club, and their parents, appear to appreciate greatly the facilities offered. Those attending the Club, and parents in some instances, are transported by volunteers organised on a rota by the Rotary Club of Newtown. Lady members of the Newtown Inner Wheel, Members of the Newtown Round Table and other organisations also provide transport and assist at the Club. These voluntary workers devote time and money to this venture, which takes place on a morning when most families are busily occupied. I should like to express my admiration of their willing help, which I know is much appreciated by all who benefit from it. The Club performs many functions but its chief merit is social, and it will provide a useful service until the day when the Montgomeryshire Local Health Authority can give more comprehensive service to the type of person who attends the Club.

There is one person to whom I should particularly like to draw the attention of County Councillors. I refer to Mrs. E. D. Davies of Llandrinio Rectory. In 1962 there were two cases in the Llandrinio area that presented great difficulties, because of the distance of their homes from the Newtown Junior Training Centre and other factors. Mrs. Davies, who has had much experience with the types of case concerned, offered her services without any question of reward, and started a voluntary Training Centre in her own home, with some help from the Montgomeryshire Local Health Authority as far as furniture and equipment are concerned, and must have suffered considerable disruption of her family life as a result. One of the children concerned has now left the County, but the other one has shown great benefit from the devoted attention given to him by Mrs. Davies.

Lastly, but not least, a tribute should be paid to the clerical staff of the Health Department for whose energy, thoroughness and integrity I have cause to be thankful, and without whose full administrative help little could have been achieved.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

D. FELIX RICHARDS

County Medical Officer of Health

County Health Offices,
Newtown,
Montgomeryshire.

July, 1964.

COUNTY HEALTH STAFF

County Medical Officer of Health and Principal School Medical Officer	D. Felix Richards, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H., D. (Obst.) R.C.O.G., (from 1. 7.1962)
Medical Officers	J. Mary Pryce, M.A., M.B., Ch.B., (Acting County Medical Officer of Health and Principal School Medical Officer from 1.11.61 to 30.6.62) Amelia Evans, B.Sc., M.B., B.Ch., D.P.H., Elinor M. Greville, M.R.C.S., L.R.C.P., D.P.H.
Principal Dental Officer	J. A. Reece, L.D.S. (V.U.Manc.) from 1.10.1962. E. Davies-Thomas, T.D., M.R.C.S., L.R.C.P., L.D.S., R.C.S., (to 30.9.62) Subsequently part-time Assistant Dental Officer.
Assistant Dental Officers	Maldwyn Vaughan, R.C.S., L.D.S., (Part-time to 5.4.62) Col. John L. Gibson (part-time)
Superintendent Nursing Officer	Miss S. D. Wilson, S.R.N., S.C.M., H.V.
Health Visitors	Miss G. E. Bryan, S.R.N., S.C.M., H.V. Miss N. L. Jones, S.R.N., S.C.M., H.V. Mrs. E. Wynn Peate, S.R.N., H.V., (Part 1 Midwifery) Mrs. R.M. Robinson, S.R.N., S.C.M., H.V. Miss M. E. Lewis, S.R.N., S.C.M., H.V. (from 22.4.63) Mrs. B. R. Kaktins, S.R.N., S.C.M., H.V. (from 14.10.63)
Home Help Supervisor	Mrs. R. M. Goodwin, Cert. I.H.H.O.
Food and Drugs Inspector	E. Walter Evans
Mental Welfare Officers	H. T. Speed (from 1.8.63 to 31.10.63) D. T. Llewellyn G. W. Pryce
Dental Attendants	Miss P.M. Lewis Miss V. Berwick (part-time) Mrs. J. M. D. Stephens (part-time)
Junior Training Centre - Supervisor	Miss M. Matthews (to Dec.1962) Mrs D. James (from January 1963)
Assistant	Mrs. D. James (to Dec. 1962) Mrs. G. Gittins (from January 1963)

OFFICE STAFF

Walter Jones (Chief Clerk)
D. W. Rees
W. B. Davies
B. Owen
Mrs. D. Weaver (to 30.6.63)
Miss E. Davies
Mrs. G. G. Morris
Miss M. E. Wallis
Miss J. M. Jones (from 9.9.63)

DISTRICT NURSE-MIDWIVES

- a ... State Certified Midwife
- b ... State Registered Nurse
- c ... State Enrolled Assistant Nurse
- d ... Queen's Nurse
- e ... Gas and Air Certificate
- f ... Health Visitor's Certificate

<u>DISTRICT</u>	<u>NURSE-MIDWIFE</u>	<u>QUALIFICATIONS</u>
BERRIEW	Sister M. E. Lewis	abde
CARNO	Nurse A. S. Peate	ace
CAERSWS	Sister O. Hamer	abe
CHURCHSTOKE	Sister B. A. Evans	abe
KERRY	Sister E. F. Humphreys	abef
LLANBRYNMAIR	Sister M. E. Lewis (to 21.4.63)	abef
LLANDINAM	Nurse J. A. Griffiths	ace
LLANDYSILIO	Sister P. Davies	abe
LLANFYLLIN	Nurse E. E. Fryer	ace
LLANRHAEADR	Sister M. Thomas	abde
LLANWDDYN	Nurse S. J. Watkins	ace
LLANIDLOES	Sister R. E. Jones	abe
LLANFAIR CAEREINION	Nurse H. Mills Evans, M.B.E.	ace
LLANSANTFFRAID	Nurse M. L. Jones	ace
MONTGOMERY	Sister B. R. Kaktins (to 13.10.63)	abef
MACHYNLLETH	Sister J. Jones (from 22.2.63)	abe
MEIFOD	Nurse M. L. Lewis	ace
NEWTOWN	Sister C. Lloyd Jones	abde
TREGYNON	Nurse C. J. Lloyd	ace
WELSHPOOL (inner)	Sister M. G. Harding	abe
WELSHPOOL (outer)	Nurse M. J. Ellis (to 31.3.63)	ac
Relief	Sister L. Evans (to 31.10.63)	ab
	Sister E. Edwards (to 30.11.62)	ab
	Sister P. Edwards (from 1.11.63)	b
	Sister J. E. Glascodine (from 1.8.63)	abe

STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

Area of Administrative County		510,110 acres
Rateable Value	1962-3	£359,792
	1963-4	£794,976
Product of 1d Rate	1962-3	£1,428
	1963-4	£3,138

Population

<u>Census</u>	<u>Urban Districts</u>	<u>Rural Districts</u>	<u>Whole County</u>
1901	20,095	34,806	54,901
1951	18,008	27,982	45,990
1961	18,343	25,885	44,228

Registrar-General's Estimate

1962	18,230	25,460	43,690
1963	18,260	25,400	43,660

Decrease

1901 to 1963	1,835 (9.13%)	9,106 (27.02%)	11,241 (20.48%)
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Births

Live Births	1962			1963		
	M.	F.	T.	M.	F.	T.
Legitimate	314	290	604	348	335	683
Illegitimate	17	18	35	15	17	32
Total	331	308	639	363	352	715

	<u>1962</u>	<u>1963</u>
Live-birth Rate per 1,000 of estimated (crude) population	14.63	16.38
(adjusted)	15.95	18.51

<u>Year</u>	<u>Live Births</u>			<u>Rate per 1,000 population</u>		<u>Rate for England and Wales</u>
	<u>M.</u>	<u>F.</u>	<u>T.</u>	<u>Crude</u>	<u>Adjusted</u>	
1960	360	345	705	15.76	17.18	17.1
1961	344	330	674	15.30	16.67	17.4
1962	331	308	639	14.63	15.95	18.0
1963	363	352	715	16.38	18.51	18.2

Stillbirths

	1962	1963
Males	8	8
Females	8	4
Total	16	12
Rate per 1,000 births (live and still)	24.4	16.5

<u>Year</u>	<u>Number of Stillbirths</u>	<u>Rate per 1,000 total live and stillbirths</u>	<u>Rate for England and Wales</u>
1960	18	24.9	19.7
1961	12	17.5	19.1
1962	16	24.4	18.1
1963	12	16.5	17.3

There was one illegitimate stillbirth in each of the years 1962 and 1963. Of the 35 illegitimate live births in 1962, and 32 in 1963, all survived to one year of age.

Infantile Mortality (deaths of infants under one year of age)

<u>Year</u>	<u>Number of Deaths</u>	<u>Rate per 1,000 live births</u>	<u>Rate for England and Wales</u>
1960	9	12.81	21.9
1961	9	13.4	21.4
1962	15	23.5	21.6
1963	14	19.6	20.9

It is interesting to note that the Infantile Mortality Rate has been decreasing steadily since the beginning of the Century.

YEAR	RATES FOR	
	MONTGOMERYSHIRE	ENGLAND AND WALES
1902	107	133
1911	96	118
1921	82	83
1931	69	66
1941	49	59
1951	30	30
1961	13	21

Infant Mortality	1962			1963		
	M.	F.	T.	M.	F.	T.
Deaths of infants under 1 week	6	4	10	6	2	8
Deaths of infants 1 - 4 weeks	-	1	1	-	-	-
Deaths of infants 4 weeks to 1 year	4	-	4	3	3	6
Total deaths of infants under 1 year	10	5	15	9	5	14

Sanitary District	DEATHS OF INFANTS					
	1962			1963		
	Under 4 weeks	4 weeks to 1 year	Total under 1 year	Under 4 weeks	4 weeks to 1 year	Total under 1 year
Llanfyllin M.B.	-	-	-	-	-	-
Llanidloes M.B.	-	1	1	-	-	-
Machynlleth U.D.	3	-	3	-	-	-
Montgomery M.B.	1	-	1	1	-	1
Newtown & Llanllwchaiarn U.D.	-	-	-	2	1	3
Welshpool M.B.	1	-	1	-	-	-
Urban Areas	5	1	6	3	1	4
Forden R.D.	1	1	2	2	1	3
Llanfyllin R.D.	1	-	1	1	2	3
Machynlleth R.D.	1	-	1	2	-	2
Newtown and Llanidloes R.D.	3	2	5	-	2	2
Rural Areas	6	3	9	5	5	10
Whole County	11	4	15	8	6	14

Neo-natal mortality Rate (deaths of infants under 4 weeks of age)

<u>Year</u>	<u>No. of live births</u>	<u>No. of deaths under 4 weeks</u>	<u>Rate per 1,000 live births</u>	<u>Rate for England and Wales</u>
1960	705	7	9.9	15.6
1961	674	5	7.4	15.5
1962	639	11	17.2	15.1
1963	715	8	11.2	not available

Peri-natal mortality (Stillbirths and deaths of infants under one week of age)

<u>Year</u>	<u>Montgomeryshire</u>			<u>England and Wales</u>
	<u>Stillbirths</u>	<u>Deaths under one week</u>	<u>Peri-natal mortality rate</u>	<u>Peri-natal mortality rate</u>
1957	26	13	54.9	36.2
1958	15	15	40.9	35.1
1959	20	7	37.6	34.2
1960	18	6	33.2	32.9
1961	12	5	24.8	32.2
1962	16	11	41.2	30.8
1963	12	8	27.5	not available

Illegitimate births (live and still) - Percentage of Total Births

5.5 4.4

Maternal mortality (deaths from pregnancy or childbirth)

- 1

<u>DEATHS</u>	<u>1962</u>	<u>1963</u>
Males	304	300
Females	268	278
Total	572	578

Death Rate per 1,000 of estimated population:

Crude	13.09	13.24
Adjusted	12.04	12.31

<u>CHIEF CAUSES OF DEATH 1962 and 1963</u>				
<u>CAUSES OF DEATH</u>	<u>1962</u>		<u>1963</u>	
	<u>No. of Deaths</u>	<u>Percentage of Total Deaths</u>	<u>No. of Deaths</u>	<u>Percentage of Total Deaths</u>
Cancer - All forms	85	14.9	96	16.6
Heart disease and circulatory disease	222	38.8	213	36.9
Vascular lesions of nervous system	99	17.3	111	19.2
Influenza	3	0.5	4	0.7

Pneumonia	19	3.3	27	4.7
Bronchitis	18	3.1	16	2.8
Other defined and ill-defined diseases	76	13.3	49	8.5
Motor vehicle and other accidents	13	2.3	20	3.5
Suicide	8	1.4	9	1.6

While the expectation of life is increasing, it will be appreciated that the proportion of old people in the community is increasing. This factor alone will result in a larger proportion of deaths due to diseases to which the elderly are prone, and must be borne in mind when considering the apparent increase in the incidence of cancer and deaths therefrom.

Deaths from motor vehicle. and other accidents and suicide:-

	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
Motor vehicle accidents	6	12	5	3	9
All other accidents	9	8	17	10	11
Suicide	9	1	5	8	9

Comparability Factor

It will be appreciated that the Birth and Death Rates of a community depend to some extent on the age constitution of that community, e.g. a community with a larger proportion of old people should have a lower Birth Rate and a higher Death Rate, everything else being equal, than another community with a smaller proportion of old people.

In order to use these Rates as an indication of health conditions in a community, it is necessary to take into account the proportion of people in all age groups in a community. The Registrar-General provides "Comparability Factors" for this purpose and their effect on the Crude Rates applicable to this County is as follows:-

<u>Year</u>	<u>Crude Birth Rate</u>	<u>Corrected Birth Rate</u>	<u>Crude Death Rate</u>	<u>Corrected Death Rate</u>
1961	15.30	16.67	11.85	11.02
1962	14.63	15.95	13.09	12.04
1963	16.38	18.51	13.24	12.31

	COMPARATIVE RATES			
	MONTGOMERYSHIRE		ENGLAND AND WALES	
	1962	1963	1962	1963
Birth Rate (adjusted)	15.95	18.51	18.0	18.2
Death Rate (adjusted)	12.04	12.31	11.9	12.2
Maternal Mortality Rate	0.0	1.4	0.35	not available
Infant Mortality Rate	23.5	19.6	21.6	20.9
Neo-natal Mortality Rate	17.2	11.2	15.1	not available
Stillbirth Rate	24.4	16.5	18.1	17.3

Trend of Birth Rate and Death Rate in the County during the last
twenty-five years:-

<u>Years</u>	<u>Average Birth Rate</u>	<u>Average Death Rate</u>
1939-43	15.2	14.3
1944-48	17.6	13.8
1949-53	16.6	12.9
1954-58	15.3	12.3
1959-63	15.5	12.5

DEATHS FROM VEHICULAR AND OTHER ACCIDENTS

Age Group	Vehicular Accidents						Other Accidents					
	1962			1963			1962			1963		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0 - 1 year	-	-	-	-	-	-	1	-	1	-	-	-
1 - 4 years	-	-	-	-	-	-	-	-	-	-	-	-
5 - 14 years	-	-	-	1	-	1	-	-	-	1	-	1
15 - 24 years	-	-	-	4	2	6	2	-	2	1	-	1
25 - 44 years	2	-	2	-	-	-	2	-	2	-	-	-
45 - 64 years	-	1	1	-	-	-	4	-	4	1	1	2
65 - 74 years	-	-	-	-	1	1	1	-	1	1	1	2
75 and over	-	-	-	1	-	1	-	-	-	1	4	5
TOTALS	2	1	3	6	3	9	10	-	10	5	6	11

DEATHS FROM CANCER, ACCORDING TO AGE, SEX AND LOCALISATION OF DISEASE

1962

LOCALISATION	Sex	0 - 1	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75+	TOTAL
Stomach	M	-	-	-	-	1	2	6	4	13
	F	-	-	-	-	-	-	1	6	7
Lung, Bronchus	M	-	-	-	-	-	2	7	2	11
	F	-	-	-	-	-	-	-	-	-
Breast	F	-	-	-	-	-	5	-	3	8
Uterus	F	-	-	-	-	-	-	1	1	2
Other	M	-	-	-	-	1	6	9	6	22
	F	-	-	-	1	1	8	6	6	22
TOTAL	M	-	-	-	-	2	10	22	12	46
	F	-	-	-	1	1	13	8	16	39

1963

Localisation	Sex	0 - 1	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75+	TOTAL
Stomach	M	-	-	-	-	-	5	1	4	10
	F	-	-	-	-	-	-	3	4	7
Lung, Bronchus	M	-	-	-	-	1	7	9	1	18
	F	-	-	-	-	-	1	-	2	3
Breast	F	-	-	-	-	4	2	3	1	10
Uterus	F	-	-	-	-	-	-	-	1	1
Other	M	-	-	-	-	1	9	7	6	23
	F	-	-	-	-	-	11	5	8	24
TOTAL	M	-	-	-	-	2	21	17	11	51
	F	-	-	-	-	4	14	11	16	45

DEATHS FROM LEUKAEMIA

Year	All Ages	0 - 1	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75 years and over
1950	3	-	-	-	-	-	-	2	1
1951	4	-	-	1	-	-	2	1	-
1952	-	-	-	-	-	-	-	-	-
1953	4	-	-	-	-	1	3	-	-
1954	9	-	-	1	-	1	6	-	1
1955	3	-	-	1	-	1	-	1	-
1956	3	-	-	1	-	1	1	-	-
1957	3	-	-	-	-	-	2	1	-
1958	2	-	-	1	-	-	1	-	-
1959	4	-	-	-	-	1	-	2	1
1960	3	-	2	-	-	-	1	-	-
1961	3	-	-	-	-	-	1	1	1
1962	1	-	-	-	-	-	1	-	-
1963	1	-	-	-	-	-	-	-	1
TOTAL	43	-	2	5	-	5	18	8	5

DEATHS FROM CANCER OF THE LUNG AND BRONCHUS

Year	Sex	All Ages	15 - 25 years	25 - 45 years	45 - 65 years	65 - 75 years	75 years and over
1950	M	3	-	-	1	2	-
	F	1	-	-	-	1	-
1951	M	3	-	-	1	2	-
	F	2	-	-	-	2	-
1952	M	5	-	-	4	1	-
	F	2	-	-	1	-	1
1953	M	2	-	-	1	1	-
	F	1	-	-	-	-	1
1954	M	11	-	-	6	4	1
	F	1	-	-	1	-	-
1955	M	10	-	2	3	5	-
	F	2	-	-	2	-	-
1956	M	4	-	-	3	1	-
	F	1	-	-	1	-	-
1957	M	8	-	2	2	4	-
	F	3	-	-	1	2	-
1958	M	8	-	-	6	1	1
	F	3	-	-	2	1	-
1959	M	13	-	1	8	3	1
	F	1	-	-	1	-	-
1960	M	9	-	-	4	5	-
	F	1	-	-	1	-	-
1961	M	11	-	-	7	2	2
	F	-	-	-	-	-	-
1962	M	11	-	-	2	7	2
	F	-	-	-	-	-	-
1963	M	18	-	1	7	9	1
	F	3	-	-	1	2	-
TOTALS	M	116	-	6	55	47	8
	F	21	-	-	11	8	2

THE NATIONAL HEALTH SERVICE ACT 1946

Section 22 - Care of Mothers and Young Children

Child Welfare Centres. There are fourteen Child Welfare Centres in the County, held as follows:-

CAERSWS	Methodist Schoolroom	2.30 p.m. last Friday in each month.
CREWE GREEN	Brynhafren School	2.30 p.m. third Tuesday in each month.
LLANBRYNMAIR	The Institute	2.30 p.m. second Thursday each month
LLANFAIR CAEREINIION	The Institute	2.30 p.m. second Tuesday each month
LLANFYLLIN	Health Clinic	2.30 p.m. second and last Thursday in each month
LLANIDLOES	Health Clinic	2.30 p.m. second and last Wednesday in each month
LLANSANTFFRAID	Village Hall	2.30 p.m. first Tuesday in each month
LLANWDDYN	The Oaks	2.30 p.m. second Friday in each month
LLWYNYGOG	The Institute	2.30 p.m. third Thursday each month
(Staylittle)		
MACHYNLLETH	Health Clinic	2.30 p.m. second and fourth Tuesday in each month
MEIFOD	Church Room	2.30 p.m. last Friday in each month
NEWTOWN	Health Clinic	2.30 p.m. every Wednesday each month
TREVERN	Community Centre	2.30 p.m. first Thursday each month
WELSHPOOL	Health Clinic	2.30 p.m. every Friday in each month

<u>Number of children who attended during the year:</u>	<u>1962</u>	<u>1963</u>
Born in 1963	--	326
Born in 1962	351	326
Born in 1961	351	-
Born 1956 - 1960	399	-
Born 1958 - 1961	-	364
Total	1,101	1,016

DENTAL SERVICES

It has still not been possible to provide a priority dental service for expectant and nursing mothers and pre-school children. A start has been made on the dental treatment of children under five years of age attending the Education Authority's Nursery Schools. It is hoped to expand this service and to initiate treatment for expectant and nursing mothers when the dental establishment is fully staffed.

TESTS FOR PHENYLKETONURIA

Phenylketonuria is an inherited metabolic disease in which the body is unable to use one of the amino-acids contained in the normal diet. The result of this abnormality, unless it is treated, is mental subnormality.

The simple diagnostic test is carried out by the Health Visitors and all babies are tested for this disorder during the first few weeks of life.

CARE OF UNMARRIED MOTHERS

Unmarried mothers from this County are admitted to Bersham Hall which is maintained for this purpose by the six North Wales Counties.

	<u>1962</u>	<u>1963</u>
Number of admission	7	9
Average length of stay:		
Ante-natal	39 days	46 days
Post-natal	15 days	13 days

Illegitimate Children

The following table gives details of the number of illegitimate children born in the County during the last decade:-

Year	Live Births		Stillbirths		Total Births		Illegitimate % of total births
	Legit- imate	Illegit- imate	Legit- imate	Illegit- imate	Legit- imate	Illegit- imate	
1954	668	31	16	-	684	31	4.3
1955	650	21	18	-	668	21	3.0
1956	647	27	12	-	659	27	4.0
1957	661	23	26	-	687	23	3.3
1958	692	27	14	1	706	28	3.8
1959	662	37	20	-	682	37	5.1
1960	673	32	18	-	691	32	4.4
1961	646	28	11	1	657	29	4.2
1962	604	35	15	1	619	36	5.5
1963	583	32	11	1	694	33	4.5
TOTALS	6,586	293	161	4	6,747	297	4.2

N.B. The above figures are those given by the Registrar-General, i.e. they have been corrected for inward and outward transfers.

WELFARE FOODS

The arrangements made for the distribution of Welfare Foods in this County have remained practically unchanged since the Council assumed this responsibility in 1954, and the Council is indebted to the voluntary organisations and private individuals who have undertaken this work.

ISSUES OF WELFARE FOODS

	By Coupons			On payment of full price 4/-			Issues to Hospitals		
	1961	1962	1963	1961	1962	1963	1961	1962	1963
National Dried Milk (tins)	24,982	22,268	20,676	125	176	268	278	308	331
Cod Liver Oil (bottles)	1,955	760	750	-	-	-	-	-	-
A. & D. Tablets (packets)	977	688	585	-	-	-	-	-	-
Orange Juice (bottles)	10,340	5,653	5,554	-	-	-	-	-	-

Section 23 - Midwifery

Ante-natal and Post-natal Clinics

These were conducted by general medical practitioners at the local hospitals, at their own surgeries and at Newtown Clinic. The Clinic was staffed by a member of the Newtown Hospital staff, the Health Visitor and the District Nurse-midwife, and in this way close liaison was maintained between the various authorities concerned with the Welfare of the expectant mother. District Nurse-midwives also, in some districts, attend and assist at anti-natal sessions held at the general medical practitioner's surgery.

Ante-natal visits to homes

1352 ante-natal visits were made by District Nurse-midwives to patients in their own homes in 1962, and 1051 such visits were made in 1963.

Confinements

The number of institutional confinements in 1962 was 588, as compared with 113 home confinements. Comparative figures for 1963 were 645 and 119 respectively.

District Nurse-midwives in this County still continue to visit patients discharged from hospital at the earliest opportunity because it is felt that this is the period when the mother is most in need of advice and re-assurance.

During 1962, 316 mothers were visited following discharge from hospital and in 1963, 352 mothers were so visited. 154 of these mothers were discharged before the 10th day.

Number of Domiciliary Cases attended by Midwives

	<u>1962</u>	<u>1963</u>
Doctor not booked	8	9
Doctor booked	<u>117</u>	<u>109</u>
Total	<u>125</u>	<u>118</u>

Medical Aid was summoned under Section 14(1) of the Midwives Act, 1951, on 29 occasions in 1962, and 18 occasions in 1963, where a medical practitioner had arranged to provide maternity medical services.

Inhalation Analgesics (gas and air, trilene).

Nineteen midwives employed by the County Council were qualified to administer analgesics. Gas and air was administered to 63 patients in 1962 and 69 patients in 1963, in their own homes. Although midwives are permitted by the Central Midwives Board to administer Trilene, no equipment has, as yet, been provided in this County. The medical practitioners are, however, administering Trilene to a number of their cases.

Pethidine

Pethidine was administered to 47 patients in 1962, and 51 patients in 1963.

Maternity Outfits

Maternity outfits were available free of charge to all women confined at home. The outfits contain dressings needed at the confinement and during the lying-in period.

Supervision of Midwives

The Superintendent Nursing Officer continues to act as non-medical Supervisor of Midwives and carries out inspections of all midwives who have notified their intention to practice in this County.

Post-graduate courses

Four district nurse-midwives attended approved refresher courses for midwives in 1962, and three in 1963.

Domiciliary and Institutional Confinements

Year	Total Births	Domiciliary Confinements		Hospital Confinements	
	(live and still)	Number	Percentage of Total Births	Number	Percentage of Total Births
1939	709	504	71.1	205	28.9
1949	793	307	38.7	486	61.3
1959	716	160	22.3	556	77.7
1962	701	113	16.1	588	83.9
1963	764	119	15.6	645	84.4

Care of Premature Infants

Total number of premature live births notified during the years:

	1959	1960	1961	1962	1963
(a) born at home	11	4	7	7	4
(b) born in hospital	46	30	34	31	31
	57	34	41	38	35

Table continued

Number born at home	1959	1960	1961	1962	1963
(a) nursed entirely at home	4	4	6	6	4
(b) died in first 24 hours	-	1	-	1	-
(c) died 2nd to 28th day	1	-	-	-	-
(d) survived at 28 days	10	3	6	5	4

Section 24

Health Visitors

The revised arrangements for carrying out the Council's duties under Section 24 of the National Health Service Act, 1946, are dealt with in the introduction to this Report.

1962

Visits to infants under one year of age :	First visits	618	
	Total visits	4600	(314)
Visits to children aged 1 but under 2 yrs:	Total visits	2459	(222)
Visits to children aged 2 but under 5 yrs:	Total visits	3147	(195)
Visits to tuberculous households :	Total visits	489	(53)
Visits to mentally disordered patients :	Total visits	446	(27)
Other cases :	Total visits	2872	(123)
Total number of families visited		3201	

N.B. The figures shown in brackets are the number of "no access" visits - the number of persons to whom a visit was intended but not made effectively owing to failure to contact the person. These figures are not included under the headings "Total visits".

The information called for by the Ministry of Health on the work of Health Visitors was revised for 1963, and is as follows:-

<u>Cases visited by health visitors.</u>	<u>Number of cases</u>
(a) Children born in 1963	669
(b) Children born in 1962	614
(c) Children born in 1958-61	1344
(d) Total number of children visited	<u>2627</u>
(e) Persons aged 65 or over	218
(f) Persons included under (e) who were visited at the special request of a general practitioner or hospital	14
(g) Mentally disordered persons	146
(h) Persons included under (g) who were visited at the special request of a general practitioner or hospital	10
(i) Persons excluding maternity cases, discharged from hospital (other than mental hospitals)	28
(j) Persons included under (i) who were visited at the special request of a general practitioner or hospital	5
(k) Number of tuberculous households visited	137
(l) Number of households visited on account of other infectious diseases	7

The nursing of the chronic sick and elderly continues to form a large part of the nurses' work. There is an increasing need for advice in the rehabilitation of the patient and in the encouragement and education of relatives who, as they are constantly in attendance, are able to carry out instructions given to them by district nursing staff.

No special arrangements are made for the nursing of sick children at home, but children discharged from hospital are referred to this Department by the Almoner for special supervision.

Nursing appliances available for issues on loan to patients include mackintosh sheeting, bed pans, back rests, urinals and air cushions. Further supplies are available from the British Red Cross Society and the St. John Ambulance Brigade.

Two District Nurse midwives were sent on refresher courses for State Registered Nurses in each of the years 1962 and 1963.

Nursing Statistics

Type of case	No. of cases attended by Home Nurses in		No. of visits paid by Home Nurses in	
	1962	1963	1962	1963
Medical	1153	1059	20,200	21,611
Surgical	624	620	6,870	6,993
Infectious Diseases	28	13	58	39
Tuberculosis	2	-	16	-
Maternal complications	38	6	66	61
Others	294	395	751	862
Totals	2,139	2,093	27,961	29,566
Patients included above who were 65 or over at the time of the first visit	625	677	12,346	17,128
Children included above who were under 5 at the time of the first visit	280	313	939	1,085
Patients included above who had more than 24 visits during the year	231	240	15,719	17,258

Section 26 - Vaccination and Immunisation

Smallpox Vaccination

This is carried out mainly by the general medical practitioners. The percentage of infants vaccinated remains low, but it will be noted that consequent upon the outbreaks of smallpox in other parts of the country, the numbers vaccinated in 1962 rose sharply. The numbers for 1963 are much lower than the average due to the advice of the Ministry of Health that vaccination should be given in the second year of life instead of in the first few months of life.

VACCINATIONS CARRIED OUT IN 1962 and 1963

<u>Year of Birth</u>	<u>Vaccinations</u>		<u>Re- Vaccination</u>	
	<u>1962</u>	<u>1963</u>	<u>1962</u>	<u>1963</u>
1963	-	22	-	-
1962	115	57	-	-
1961	194	7	2	-
1960	80	-	5	-
1959	53	1	11	1
1958	50	-	16	-
1957	52	1	29	-
1956	65	1	46	1
1955	65	1	33	1
1954	50	-	41	-
1953	84	1	46	2
1952	81	1	50	1
1951	72	-	53	-
1950	103	-	53	-
1949	101	-	71	1
1948	92	2	55	-
Pre 1948	1,022	16	2,382	60
Total	2,279	110	2,893	67

Diphtheria Immunisation

The following numbers of children were immunised against Diphtheria in 1962 and 1963.

<u>Age at date of completion of injections</u>	<u>1962</u>	<u>1963</u>
Under 1 year	349	441
1 - 2 years	178	118
2 - 3 years	16	17
3 - 4 years	3	3
4 - 5 years	3	3
5 - 14 years	15	8
	564	590

In addition booster doses to children commencing school were given as under:-

1962	-	442
1963	-	508

Diphtheria - Incidence and Mortality

<u>Period</u>	<u>Cases</u>	<u>Deaths</u>
1926 - 1947	429	36
1948 - 1963	-	-

Whooping Cough Immunisation

Number of children who have completed a primary course (normally three injections) of pertussis vaccine (singly or in combination) during 1962 and 1963.

<u>Year of Birth</u>	<u>Number Immunised In</u>		<u>Total Number Immunised at any time to 31.12.63</u>
	<u>1962</u>	<u>1963</u>	
1963	-	224	224
1962	151	299	450
1961	307	28	524
1960	29	2	603
1959	3	3	563
1958	2	-	529
1957	-	2	463
1956	2	-	511
1955	1	-	464
1954	2	-	462
TOTALS	497	558	4,793

Polionyelitis Vaccination

The following vaccinations were carried out during 1962 and 1963.

	<u>1962</u>	<u>1963</u>
1st doses	956	705
2nd doses	1,126	703
3rd doses	2,227	1,122
4th doses	631	615
	<u>4,940</u>	<u>3,145</u>

The total number of vaccinations carried out since the scheme started are shown below:-

4 doses	-	5,359
3 doses	-	12,552
2 doses	-	1,111

The following information provided by the Welsh Board of Health is of interest:

	Children born in 1962 who have been vaccinated at any time expressed as a percentage of the live births during 1962.		
	Polionyelitis	Whooping Cough	Diphtheria
	Percentages vaccinated		
England and Wales	53	64	65
Wales	48	59	62
Montgomeryshire	60	70	78
Position of Montgomeryshire in relation to other Welsh Local Health Authorities	2nd	3rd	1st

SECTION 27 - Ambulance Service

A comprehensive report on the Ambulance and Sitting-case car service for the years 1962 and 1963 is being circulated separately as an Appendix to this Report, as it is a somewhat lengthy document. It will be seen that the demands upon this Service continue to grow.

An important development concerning the Ambulance Service took place in 1963, and although the matter was not finally dealt with until 1964 it is thought advisable, for continuity's sake, to discuss the subject in this Report.

Early in 1963 intimation was received that the existing arrangements between the Welsh Home Service Ambulance Committee and the County Council might have to be terminated. A joint meeting was held at Llandrindod Wells on 14th March 1963, at which representatives of the Breconshire, Montgomeryshire and Radnorshire County Councils (the only three Counties still maintaining an administrative relationship with the Welsh Home Service Ambulance Committee at that time) were present. As a result of this meeting, it was decided to recommend to the three Councils that the then existing relationship between the Councils and the Welsh Home Service Ambulance Committee be continued for the time being.

In December 1963, however, a letter was received from the Welsh Home Service Ambulance Committee asking these Councils to terminate their agreements by 31st March, 1964. After this letter was received, two meetings of this Council's Ambulance Sub-Committee were held, on the 7th February 1964 and 17th March, 1964. As a result of these meetings, after an assurance had been given by the County Commissioner of the St. John Ambulance Brigade, following consultation with his Divisional Superintendents, that the St. John Divisions could continue to provide the services they had given in former years, it was Resolved:-

"That the offer of the County Branch of the St. John Ambulance Brigade to continue the existing arrangements be accepted, subject to review in twelve months' time, on the following terms :

The Council shall pay to the County Branch £300 per annum in respect of each of the six ambulance divisions, such sum being made up as follows :

£150 - replacement of ambulances;

£125 - standing charges, viz. garaging, insurances, etc.;

£25 - administration expenses ;

Together with a mileage allowance at the rate of 1/2d a mile.

In effect, these resolutions mean that the Montgomeryshire Ambulance Service continued largely as before, administratively speaking. Montgomeryshire had always a greater degree of autonomy in its dealings with the Welsh Home Service Committee than other authorities, so there was no radical change in the administration of the Service.

This decision to 'go it alone' however, is a major one and the whole framework of the Ambulance Service will be reviewed every March in future years.

The structure, organisation and training of ambulance personnel is being reviewed on a national level at present by a Working Party appointed by the Ministry of Health. It is possible that this Working Party will recommend that increasing specialisation of training of personnel and more rationalisation of equipment and procedure should be practised. If this occurs, it might become necessary to review the role of the voluntary services as far as the ambulance service is concerned. These facts mean that it may even be necessary in the future to contemplate the organisation of a full-time Ambulance Service in this County, much as I personally would regret this step, especially as the present system is functioning so well at this time. The outstanding services given by voluntary personnel in this County have meant that we have been able to be, perhaps, more elastic as far as the provision of sitting-case cars is concerned than other similar authorities. A comparison of figures of patients carried per year by the Ambulance and Sitting-case Car Services of neighbouring Welsh authorities with a similar economic structure, shows that Montgomeryshire carries a considerable number more patients per head of population. By far the greater proportion of these patients are conveyed in sitting-case cars. While, I think, there is justification for the conveyance of all these Montgomeryshire patients, it is possible that neighbouring authorities have stricter criteria regarding eligibility for sitting-case car transport. Should Montgomeryshire be obliged to organise a full-time Service in the future, it would be necessary, on economic grounds, to re-consider the present accepted standards for eligibility for sitting-case car transport.

It is apparent that the St. John Ambulance Brigade not only give direct support and help to ambulance cases, but also indirectly benefit that portion of the population who make use of the Sitting-case Car Service.

A full-time Service that would measure up to the present Service would, I consider, be much more expensive, inevitably more impersonal, and possibly would be obliged to adopt a more rigorous policy regarding the question of eligibility for transport.

Be all this as it may, the situation will be kept under continuous review in the future.

Section 28 - Prevention of Illness, Care and After-care

Tuberculosis

The remarkable reduction in the deaths from tuberculosis during the past fifty years continues. No deaths in 1962 were attributable to tuberculosis, but in 1963 there were three deaths from respiratory tuberculosis and one from other forms of the disease.

The mortality of a chronic disease such as tuberculosis is not a sound indication of the incidence of the disease, because of the time-lag between infection and death, and because improved treatment has lessened the proportion of cases which die. Nevertheless, it is apparent that remarkable success has been achieved in recent years in the prevention of tuberculosis.

The following table shows the actual number of new cases notified and deaths registered from pulmonary and non-pulmonary tuberculosis since 1944:

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1944	46	19	17	7
1945	54	21	19	10
1946	55 54.4	13 14.4	19 19.2	5 6.8
1947	68	8	19	7
1948	49	11	22	5
1949	52	8	23	-
1950	30	19	6	-
1951	35 39.2	15 12.6	16 11.8	2 1.0
1952	42	11	6	2
1953	37	10	8	1
1954	37	6	8	1
1955	27	5	8	-
1956	25 25.4	9 7.8	4 5.4	- 0.2
1957	22	9	4	-
1958	16	10	3	-
1959	17	7	4	-
1960	13	4	2	-
1961	15 13.6	5 5.4	1 2.0	- 0.2
1962	14	7	-	-
1963	9	4	3	1

The number of new cases of pulmonary tuberculosis rose remarkably during the war and post-war years, but since then there has been a marked reduction in the number of cases notified. The reduction in the number of non-pulmonary tuberculosis cases notified is even more marked - probably due to the improvement of milk production, particularly "Tuberculin Tested" milk and "Pasteurised" milk.

Whenever a new case of tuberculosis is notified, a visit to the home is made by the Health Visitor who endeavours to trace the source of infection and to persuade every member of the household to visit the Chest Physician's Clinic with a view to discovering any source of infection in the household or any secondary cases of infection from the notified patient.

The Chest Physician's Clinics are attended by the Health Visitors concerned who can advise the Chest Physician on the home environment, sanitary conditions, etc., and who can be instructed by the Chest Physician with a view to advising members of the household on the prevention of spread of infection.

NEW CASES AND MORTALITY FROM TUBERCULOSIS

	NEW CASES											
	1962						1963					
	Pulmonary		Non-Pulmonary		Total		Pulmonary		Non-Pulmonary		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0 - 1 year	-	-	-	-	-	-	-	-	-	-	-	-
1 - 5 years	-	-	-	-	-	-	-	-	-	-	-	-
5 - 15 years	2	-	-	-	2	-	-	-	-	-	-	-
15 - 45 years	4	2	2	3	6	5	2	1	-	1	2	2
45 - 65 years	3	1	-	1	3	2	2	2	1	-	3	2
65 years and over	1	1	-	1	1	2	2	-	2	-	4	-
TOTALS	10	4	2	5	12	9	6	3	3	1	9	4

DEATHS : 1962 - Nil

1963 -

	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.
15 - 25 years	-	-	-	1
65 - 75 years	1	-	-	-
75 years and over	2	-	-	-
	3	-	-	1

B.C.G. VACCINATION 1962

School	Mantoux Tested	Mantoux Positive		Negative	Vaccinated	Post B.C.G.		
		After Tuber- culin	After B.C.G. Previous Year			Mantoux Tested	Pos- itive	Neg- ative
Brynlllywarch	10	-	-	10	10	10	10	-
Cyfronydd	10	1	2	7	7	7	7	-
College of Further Education	3	-	1	2	2	2	2	-
Llanfair High	60	6	3	50	50	46	35	-
Llanidloes High	62	-	7	44	44	42	42	-
Llanfyllin High	66	7	4	52	52	47	42	2
Machynlleth High	38	7	5	26	25	23	23	-
St. Mary's R.C.	6	-	-	6	6	6	5	1
Newtown High (Girls)	60	10	4	43	43	40	38	2
Newtown High (Boys)	77	7	8	58	58	57	52	1
Welshpool High	98	13	13	62	62	56	54	-
Welshpool Secondary	105	14	15	76	76	69	63	-

B.C.G. VACCINATION 1963

School	Mantoux Tested	Mantoux Positive		Negative	Vaccinated	Post B.C.G.		
		After Tuberculin	After B.C.G. Previous Year			Mantoux Tested	Positive	Negative
Brynlllywarch	14	-	-	13	13	13	13	-
College of Further Education	6	-	1	4	4	3	3	-
Llanfair High	62	5	7	45	45	42	40	2
Llanidloes High	64	4	1	58	58	53	52	-
Llanfyllin High	83	9	3	60	59	49	49	4
Machynlleth High	60	7	3	42	42	39	37	2
Newtown High (Girls)	74	6	-	66	65	63	62	1
Newtown High (Boys)	72	14	1	57	57	54	50	1
Welshpool Secondary	77	7	-	57	56	52	52	-
Welshpool High	85	5	9	64	64	48	44	-

After-care of Cancer cases - The Marie Curie Memorial Foundation

The "Area Welfare Grant Scheme" continues to operate in the County to meet the urgent needs of necessitous cancer patients who are nursed at home. The principal aim of the Scheme is to give help "in kind" to a necessitous cancer patient immediately the need is apparent and without administrative delay. All district nurse/midwives are aware of the Scheme and are requested to make recommendations as and when necessary.

Chiropody Service

The arrangements made by the Council with the Montgomeryshire Rural Community Council in 1960 continued to operate during the years 1962 and 1963. The following sessions are held at the Council's Clinics in the County.

Llanfyllin	-	One session each month
Machynlleth	-	One session each month
Llanidloes	-	Two sessions each month
Welshpool	-	Two sessions each month

Chiropody clinics were also held as follows:-

Llanbrynmair Village Hall	One session each month
Llanfair Caereinion Village Institute	One session each month
Llansantffraid Village Hall	One session each month
Llanymynech Village Hall	One session each month
Montgomery Church Hall	One session each month
Newtown, Community House	Two sessions each month

The Community Council's Chiropody Service co-operated freely with the Health Department in 1962 and 1963. The majority of cases dealt with by the Service were elderly, but in 1963 an allowance was made in the estimates for the treatment of expectant mothers, physically handicapped persons and other deserving cases. Mention should be made of the work done by members of the Women's Voluntary Service and other volunteers who carry out the transport of some cases, and provide light refreshments at various Chiropody Clinics for those who attend.

ATTENDANCES AT CLINICS

Clinic	1961	1962	1963
Hewtown	375	357	353
Llanidloes	286	271	235
Llanfair	66	72	71
Montgomery	66	61	70
Llanbrynmair	38	40	40
Machynlleth	75	129	117
Llansantffraid	42	88	79
Llanfyllin	115	105	94
Llanymynech	109	110	73
Welshpool	140	152	155
TOTAL	1,312	1,395	1,287

HEALTH EDUCATION

During 1962 and 1963 Health Visitors continued to provide the useful service they give to families in providing advice about such subjects as domestic hygiene, food hygiene, nutrition, clothing, accident prevention and mental health. Posters referring to many items of health education were obtained and distributed to welfare clinics, offices, family doctors, catering establishments and other places where their display was thought to be appropriate, with particular emphasis on smoking and health publicity materials. Pamphlets and other literature were also distributed where they were thought to be most effective. Some posters relating to venereal diseases were also ordered and issued on request. It is proposed to devote more of your staff's time to Health Education in future years.

INFECTIOUS DISEASES

Notified during the years 1962 and 1963

Sanitary District	1962					1963		
	Measles	Whooping Cough	Scarlet Fever	Acute Pneumonia	Erysipelas	Measles	Scarlet Fever	Acute Pneumonia
Llanfyllin M.B.	-	-	-	-	-	33	-	-
Llanidloes M.B.	-	-	2	-	-	-	-	-
Mechynlleth U.D.	1	-	-	-	-	84	-	-
Montgomery M.B.	-	-	-	-	-	2	5	-
Newtown & Llanllwchaearn U.D.	-	-	-	-	-	1	-	-
Welshpool M.B.	5	-	-	6	-	41	-	2
Forden R.D.	1	-	1	3	-	34	2	-
Llanfyllin R.D.	-	1	-	3	2	98	1	-
Mechynlleth R.D.	6	-	-	1	-	25	-	3
Newtown and Llanidloes R.D.	3	-	-	2	-	9	-	2
WHOLE COUNTY	16	1	3	15	2	327	8	7

SECTION 29 - Home Help Service

The number of people living to extreme old age increases every year. All possible help to enable those who wish to remain in their own homes is given for as long as required, the amount of help varying according to the need. Some old people can manage if the heavier work and laundry is done; others need daily care and help with meals. Out of 180 old people helped, 66 were over 80 and 4 over 90.

Confinement cases are also helped, as are families where the mother is ill. During 1962 one mother of nine children, aged from two to thirteen years, was in hospital for ten weeks. A residential Home Help looked after this family the whole of the time. There were other similar cases, one of eleven weeks duration and one of six weeks.

A certain number of invalids not in the aged group receive help, some of long duration.

Nearly all the work, apart from the residential cases, is done by part-time Home Helps, most of them living near to their patients. In a rural county like Montgomeryshire, with a scattered population, this has been found to be the best solution.

<u>Number of Home Helps employed at:</u>	<u>31.12.62</u>	<u>31.12.63</u>
(a) Whole-time	1	-
(b) Part-time	120	123
(c) Whole-time equivalent of (b)	44	50

Number of cases where Home Help was provided during the year:

(a) Maternity (including expectant mothers)	26	23
(b) Tuberculosis	1	1
(c) Chronic sick including aged and infirm)	183	225
(d) Others	54	31
	<u>264</u>	<u>280</u>

Comparative figures for the past ten years

Type of Case	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
(a) Maternity	50	45	35	37	27	36	29	29	26	23
(b) Tuberculosis	2	3	1	1	-	2	3	2	1	1
(c) Others	94	124	149	147	183	198	224	210	237	256
TOTAL	146	172	185	185	210	236	256	241	264	280

FOOD AND DRUGS ACT 1955

Report of Food and Drugs Inspector for the year ended 31st December, 1962.

187 samples were purchased during the year, 161 were samples of milk and 26 were samples of miscellaneous articles of food. Of the 161 samples of milk, 149 were certified to be genuine, 12 being not genuine for the following reasons:-

Sample No.

231. Slightly deficient in fat.	No further action advisable.
232. Slightly deficient in fat.	No further action advisable.
233. Deficient in solids-not-fat.)	Samples Nos. 233 and 239 were from the same producer. Sample No. 240 was an "appeal to cow" sample relating to samples nos. 233 and 239. In view of the result no further action could be contemplated against the producer.
239. Deficient in solids-not-fat.)	
240. Deficient in solids-not-fat.)	
263. Slightly deficient in fat.	No further action advisable.
271. Deficient in solids-not fat.) These samples were from the same producer. No further action
272. Deficient in fat and solids-not-fat.)	
274. Deficient in fat.) advisable.
291. Slightly deficient in fat.	No further action advisable.
349. Slightly deficient in fat.	No further action advisable.
358. Slightly deficient in fat.	No further action advisable.

The samples of miscellaneous articles of food were as follows:-

<u>Sample</u>	<u>Genuine</u>	<u>Not Genuine</u>	<u>Total</u>
Pale Ale	1	-	1
Jam	6	-	6
Gravy Salt	1	-	1
Sweets	6	-	6
Dried Fruit	2	1	3
Dried Peas	-	1	1
Coffee	1	-	1
Cream	2	-	2
Honey	1	-	1
Butter	1	-	1
Cashews	1	-	1
Dates	1	-	1
Nuts and Raisins	1	-	1
	24	2	26

The sample of dried fruit, namely Washed Currants, not genuine contained 1.5% of defective currants, which showed evidence of having suffered insect attack. Having regard to the fact that the currants were described as "Specially Selected" this proportion of defective currants was regarded as unsatisfactory.

The packers were invited to offer their observations. This resulted in a visit from their chief Chemist to the Public Analyst's Laboratory and to this Office, the outcome being that the currants are now packed in newly designed packets upon which the words "Specially Selected" are omitted - a satisfactory solution.

The Sample of dried peas not genuine contained 6% of defective peas which showed indications of discolouration and/or insect attack.

The packers were invited to offer their observations. These were to the effect that machinery specially designed for the purpose of removing such peas had proved faulty through wear and tear, and that they had now purchased more modern and efficient machinery for that purpose, and were tightening up on their

system of inspection on the quality of their peas as presented for sale. No further action is advised.

Milk (Special Designation) Regulations 1960

70 samples of milk were taken from licensed dealers during the year. Of this number 64 samples were satisfactory. Follow-up samples relating to the 6 not satisfactory proved to be up to standard, thus not necessitating any further action. The keeping quality of milk supplied by the licensed dealers can be said to be highly satisfactory.

E. WALTER EVANS

Chief Inspector of Food and Drugs

Weights and Measures Office,
Community House,
NEWTOWN.

9th January, 1963.

Report of Food and Drugs Inspector for the year ended 31st December, 1963.

177 samples were purchased during the year, 146 were samples of milk and 31 were samples of miscellaneous articles of food. Of the 146 samples of milk, 141 were certified to be genuine, 5 being not genuine for the following reasons:-

Sample No.

16. Slightly deficient in fat.	No further action advisable
29. Slightly deficient in fat and solids-not-fat.	No further action advisable
40. Slightly deficient in fat.	No further action advisable
71. Slightly deficient in fat.	No further action advisable
78. Slightly deficient in fat.	No further action advisable

The samples of miscellaneous articles of food were as follows:

<u>Sample</u>	<u>Genuine</u>	<u>Not Genuine</u>	<u>Total</u>
Instant Potato Crackers	1	-	1
Mixed Dried Fruit	1	-	1
Sultanas	2	-	2
Glace Cherries	2	-	2
Seedless Raisins	1	-	1
Malt Vinegar	1	-	1
Custard Powder	1	-	1
Margarine	1	-	1
Jam	1	-	1
Dried Peas	1	-	1
Pepper	2	-	2
Golden Raising Powder	1	-	1
Self-Raising Flour	1	-	1
Ham and Chicken	1	-	1
Chopped Ham	1	-	1
Chopped Cured Pork	1	-	1
Pork Luncheon Meat	1	-	1
Chocolate Spread	1	-	1
Marzipan	4	-	4
Rum Butter	-	1	1
Cream	1	-	1
Orange Drink	1	-	1
Minced Turkey	1	-	1
Brandy Butter	1	-	1
Spray-Skimmed Milk Powder	1	-	1
	30	1	31

The sample of Rum Butter certified to be not genuine was deficient of what could be regarded as a reasonable concentration of rum in such a product. There is no legal standard laid down however for the quantity of rum that should be present in Rum Butter.

Milk (Special Designation) Regulations 1960

79 samples of milk were taken from licensed dealers during the year. Of this number 75 samples were satisfactory. Follow-up samples relating to the 4 not satisfactory proved to be up to standard, thus not necessitating any further action. The keeping quality of milk supplied by the licensed dealers can be said to be highly satisfactory.

E. WALTER EVANS

Chief Inspector of Food and Drugs

Weights and Measures Office,
Community House,
NEWTOWN.

5.1.1964.

ANALYSIS OF VITAL STATISTICS FOR THE TEN LOCAL SANITARY AUTHORITIES : 1962

Sanitary District	Population	Live Births	Rate per 1,000 Population	Still-births	Percentage of live births	Illegitimate births	Percentage of total births	Infant Deaths under 1 year	Rate per 1,000 live births	Deaths (all causes)	Rate per 1,000 population
Llanfyllin M.B.	1,230	16	13.01	-	-	1	6.3	-	-	17	13.82
Llanidloes M.B.	2,360	24	10.17	1	4.2	-	-	1	41.7	39	16.53
Machynlleth U.D.	1,840	34	18.48	1	2.9	5	14.3	3	88.1	29	15.76
Montgomery M.B.	950	17	17.89	-	-	1	5.9	1	58.8	14	14.74
Newtown & Llanllwchaern U.L.	5,430	73	13.44	2	2.7	5	6.7	-	-	84	15.47
Welshpool M.B.	6,420	97	15.11	2	2.1	3	3.0	1	10.3	70	10.90
Urban Districts	18,230	261	14.32	6	2.3	15	5.6	6	22.9	253	13.88
Forden R.D.	5,010	75	14.97	3	4.0	8	10.3	2	26.7	71	14.17
Llanfyllin R.D.	9,150	127	13.88	2	1.6	3	2.3	1	7.9	105	11.48
Machynlleth R.D.	2,790	38	13.62	1	2.6	3	7.7	1	26.3	36	12.90
Newtown and Llanidloes R.D.	8,510	138	16.22	4	2.9	7	4.9	5	36.2	107	12.57
Rural Districts	25,460	378	14.85	10	2.6	21	5.4	9	23.8	319	12.53
WHOLE COUNTY	43,690	639	14.63	16	2.5	36	5.5	15	23.5	572	13.09

ANALYSIS OF VITAL STATISTICS FOR THE TEN LOCAL SANITARY AUTHORITIES : 1963

Sanitary District	Population	Live Births	Rate per 1,000 Population	Still-Births	Percent- age of live births	Illegitimate births	Percent- age of total births	Infant deaths under 1 year	Rate per 1,000 live births	Deaths (all causes)	Rate per 1,000 Population	Deaths from Tuber- culosis	Rate per million popula- tion
Llanfyllin M.B.	1,230	21	17.07	1	4.8	-	-	-	-	25	20.33	1	813
Llanidloes M.B.	2,350	29	12.34	1	3.4	-	-	-	-	48	20.43	-	-
Machynlleth U.D.	1,840	21	11.41	-	-	1	4.8	-	-	30	16.30	1	543
Montgomery M.B.	970	24	24.74	1	4.2	3	12.0	1	41.7	11	11.34	-	-
Newton & Llanllwchaearn U.D.	5,460	92	16.85	-	-	3	3.3	3	32.6	64	11.72	-	-
Welshpool M.B.	6,410	117	18.25	2	1.7	4	3.4	-	-	75	11.70	1	156
Urban Districts	18,260	304	16.65	5	1.6	11	3.6	4	13.2	253	13.86	3	164
Fordeu R.D.	5,060	89	17.59	2	2.2	5	5.5	3	33.7	73	14.43	-	-
Llanfyllin R.D.	9,070	134	14.77	3	2.2	6	4.4	3	22.4	104	11.47	-	-
Machynlleth R.D.	2,780	40	14.39	-	-	3	7.5	2	50.0	44	15.83	-	-
Newton and Llanidloes R.D.	8,490	148	17.43	2	1.4	7	4.7	2	13.5	104	12.25	1	118
Rural Districts	25,400	411	16.18	7	1.7	21	5.0	10	24.3	325	12.79	1	39
WHOLE COUNTY	43,660	715	16.38	12	1.7	32	4.4	14	19.6	578	13.24	4	92

CAUSES OF DEATH IN THE AREAS OF THE TEN SANITARY AUTHORITIES - 1962

CAUSE OF DEATH	Llanfyllin M.B.	Llanidloes M.B.	Machynlleth U.D.	Montgomery M.B.	Newtown & Llanllwcha- iarn U.D.	Welshpool M.B.	URBAN DISTRICTS	Forden R.D.	Llanfyllin R.D.	Machynlleth R.D.	Newtown & Llanidloes R.D.	RURAL DISTRICTS	WHOLE COUNTY
1. Tuberculosis, respiratory	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	1	-	-	-	1	-	-	-	-	-	1
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	1	1	1
10. Malignant neoplasm, stomach	1	1	-	-	-	3	5	1	5	1	8	15	20
11. Malignant neoplasm, lung, bronchus	1	1	1	-	2	2	7	-	1	2	1	4	11
12. Malignant neoplasm, breast	-	1	-	-	3	3	7	-	-	-	1	1	8
13. Malignant neoplasm, uterus	-	-	-	-	1	1	2	-	-	-	-	-	2
14. Other malignant & lymphatic neoplasms	2	3	2	-	10	3	20	4	12	3	5	24	44
15. Leukaemia, leucosarcoma	-	-	-	-	-	-	-	1	-	-	-	1	1
16. Diabetes	-	-	-	-	1	-	1	-	-	-	1	1	2
17. Vascular lesions of nervous system	-	5	3	3	14	13	38	18	23	4	16	61	99

18. Coronary disease, angina	2	8	-	2	14	12	38	10	11	5	16	43	81
19. Hypertension with heart disease	-	-	1	-	3	-	4	1	4	1	1	7	11
20. Other heart diseases	1	2	13	2	14	15	47	15	12	10	18	55	102
21. Other circulatory disease	-	7	1	-	6	4	18	2	2	2	4	10	28
22. Influenza	1	-	-	-	-	-	1	1	1	-	-	2	3
23. Pneumonia	1	-	1	1	3	2	8	3	7	1	-	11	19
24. Bronchitis	1	1	-	2	5	2	11	3	2	-	2	7	18
25. Other diseases of respiratory system	-	-	-	-	-	-	-	-	-	-	3	3	3
26. Ulcer of stomach and duodenum	-	2	-	-	-	1	3	2	-	-	1	3	6
27. Gastritis, enteritis and diarrhoea	-	-	-	-	1	-	1	-	-	-	1	1	2
28. Nephritis and nephrosis	-	-	1	-	1	2	4	1	-	3	2	6	10
29. Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	-	-	-	-
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital malformations	-	1	-	1	-	-	2	-	-	-	1	1	3
32. Other defined and ill-defined diseases	6	5	5	1	5	5	27	6	20	3	20	49	76
33. Motor vehicle accidents	-	-	-	-	-	1	1	1	-	-	1	2	3
34. All other accidents	-	1	-	1	-	1	3	2	2	-	3	7	10
35. Suicide	1	1	-	1	1	-	4	-	3	-	1	4	8
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-
ALL CAUSES	17	39	29	14	84	70	253	71	105	36	107	319	572

CAUSES OF DEATH IN THE AREAS OF THE TEN SANITARY AUTHORITIES 1963

CAUSES OF DEATH		Llanfyllin M.B.	Llanidloes M.B.	Machynlleth U.D.	Montgomery M.B.	Newtown & Llanllwch- aern U.D.	Welshpool M.B.	URBAN DISTRICTS	Forden R.D.	Llanfyllin R.D.	Machynlleth R.D.	Newtown & Llanidloes R.D.	RURAL DISTRICTS	WHOLE COUNTY
1. Tuberculosis, respiratory	1	-	1	-	-	-	-	2	-	-	-	1	1	3
2. Tuberculosis, other	-	-	-	-	-	-	1	1	-	-	-	-	-	1
3. Syphilitic disease	-	1	-	-	-	-	-	1	-	-	-	-	-	1
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	-	-	-	-	-	-	-	-	1	-	-	-	-	-
10. Malignant neoplasm, stomach	1	-	-	-	-	3	-	4	2	5	1	5	13	17
11. Malignant neoplasm, lung, bronchus	-	3	3	-	2	5	5	13	-	4	2	2	8	21
12. Malignant neoplasm, breast	-	-	-	-	5	-	-	5	1	2	2	-	5	10
13. Malignant neoplasm, uterus	-	-	-	-	-	1	1	1	-	-	-	-	-	1
14. Other malignant and lymphatic neoplasms	1	2	2	1	5	4	15	9	11	5	7	32	47	
15. Leukaemia, all types	-	-	-	-	-	-	-	-	-	-	1	-	1	1
16. Diabetes	-	-	-	-	-	1	1	-	2	-	-	-	2	3
17. Vascular lesions of nervous system	6	13	5	2	13	16	55	14	19	4	19	56	111	

18. Coronary disease, engine	2	4	3	2	7	13	31	6	17	4	16	43	74
19. Hypertension with heart disease	2	-	1	2	1	1	7	-	5	-	2	7	14
20. Other heart disease	3	6	10	1	13	9	42	10	9	14	23	56	98
21. Other circulatory disease	-	6	2	1	1	1	11	6	2	2	6	16	27
22. Influenza	-	2	-	-	-	1	3	1	-	-	-	1	4
23. Pneumonia	2	2	-	1	1	5	11	4	5	1	6	16	27
24. Bronchitis	1	2	-	1	3	3	10	3	1	-	2	6	16
25. Other diseases of respiratory system	2	-	-	-	1	1	4	-	1	-	1	2	6
26. Ulcer of stomach and duodenum	-	-	-	-	-	-	-	-	-	-	1	1	1
27. Gastritis, enteritis and diarrhoea	-	-	1	-	-	-	1	1	-	-	1	2	3
28. Nephritis and nephrosis	-	-	-	-	1	-	1	1	-	1	1	3	4
29. Hyperplasia of prostate	-	1	-	-	-	1	2	1	-	-	1	2	4
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	1	1	1
31. Congenital malformations	-	-	-	-	1	-	1	1	-	1	1	3	4
32. Other defined and ill-defined diseases	2	3	-	-	4	6	15	9	16	4	5	34	49
33. Motor vehicle accidents	-	3	1	-	-	1	5	1	2	-	1	4	9
34. All other accidents	1	-	1	-	1	4	7	1	-	2	1	4	11
35. Suicide	1	-	-	-	2	1	4	1	3	-	1	5	9
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-
ALL CAUSES	25	48	30	11	64	75	253	73	104	44	104	325	578

CAUSES OF DEATH : AGE AND SEX DISTRIBUTION : 1962

CAUSES OF DEATH	Sex	All Ages	0 - 1 year	1 - 5 years	5 - 15 years	15 - 25 years	25 - 45 years	45 - 65 years	65 - 75 years	75 years and over
1. Tuberculosis, respiratory	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
2. Tuberculosis, other	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
4. Diphtheria	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
5. Whooping Cough	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
6. Meningococcal infection	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	M	1	-	-	-	-	1	-	-	-
	F	-	-	-	-	-	-	-	-	-
8. Measles	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	M	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	1	-	-
10. Malignant neoplasm, stomach	M	13	-	-	-	-	1	2	6	4
	F	7	-	-	-	-	-	-	1	6
11. Malignant neoplasm, lung, bronchus	M	11	-	-	-	-	-	2	7	2
	F	-	-	-	-	-	-	-	-	-
12. Malignant neoplasm, breast	F	8	-	-	-	-	-	5	-	3
13. Malignant neoplasm, uterus	F	2	-	-	-	-	-	-	1	1
14. Other malignant & lymphatic neoplasms	M	22	-	-	-	-	1	6	9	6
	F	22	-	-	-	1	1	8	6	6
15. Leukaemia, aleukaemia	M	1	-	-	-	-	-	1	-	-
	F	-	-	-	-	-	-	-	-	-
16. Diabetes	M	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	2
17. Vascular lesions of nervous system	M	41	-	-	-	-	-	6	13	22
	F	58	-	-	-	-	-	9	13	36

18. Coronary disease, angina	M	48	-	-	-	-	-	3	13	13	19
	F	33	-	-	-	-	-	-	5	11	17
19. Hypertension with heart disease	M	5	-	-	-	-	-	-	2	-	3
	F	6	-	-	-	-	-	-	2	2	2
20. Other heart disease	M	53	-	-	-	-	-	-	6	7	40
	F	49	-	-	-	-	-	-	3	10	36
21. Other circulatory diseases	M	15	-	-	-	-	-	2	3	5	5
	F	13	-	-	-	-	-	-	3	1	9
22. Influenza	M	1	-	-	-	-	-	-	-	-	1
	F	2	-	-	-	-	-	-	-	2	-
23. Pneumonia	M	8	-	-	-	-	-	-	2	3	3
	F	11	1	-	-	-	-	-	-	2	8
24. Bronchitis	M	11	-	-	-	-	-	-	-	3	6
	F	7	-	-	-	-	-	-	-	4	3
25. Other diseases of respiratory system	M	1	-	-	-	-	-	-	-	1	-
	F	2	-	-	-	-	-	-	-	2	-
26. Ulcer of stomach and duodenum	M	5	-	-	-	-	-	-	1	1	3
	F	1	-	-	-	-	-	-	-	1	-
27. Gastritis, enteritis and diarrhoea	M	2	-	-	1	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-
28. Nephritis and nephrosis	M	5	-	-	-	-	-	-	2	1	2
	F	5	-	-	-	-	-	-	1	2	2
29. Hyperplasia of prostate	M	-	-	-	-	-	-	-	-	-	-
30. Pregnancy, childbirth, abortion	F	-	-	-	-	-	-	-	-	-	-
31. Congenital malformations	M	3	3	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
32. Other defined and ill-defined diseases	M	39	6	1	-	-	-	1	8	6	17
	F	37	4	-	-	-	-	-	7	6	18
33. Motor vehicle accidents	M	2	-	-	-	-	-	2	-	-	-
	F	1	-	-	-	-	-	-	1	-	-
34. All other accidents	M	10	1	-	-	-	-	2	4	1	-
	F	-	-	-	-	-	-	-	-	-	-
35. Suicide	M	7	-	-	-	-	-	1	4	1	-
	F	1	-	-	-	-	-	-	-	1	-
36. Homicide and operations of war	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
TOTALS : ALL CAUSES	M	304	10	2	-	-	-	14	64	77	134
	F	268	5	-	-	-	-	1	45	65	149

CAUSES OF DEATH : AGE AND SEX DISTRIBUTION 1963

CAUSES OF DEATH	Sex	All Ages	Under 4 weeks	4 weeks and under 1 year	1 - 5 years	5 -15 years	15-25 years	25-35 years	35-45 years	45-55 years	55-65 years	65-75 years	75 years and over
1. Tuberculosis, respiratory	M 3 F -	-	-	-	-	-	-	-	-	-	-	1	2
2. Tuberculosis, other	M - F 1	-	-	-	-	-	1	-	-	-	-	-	-
3. Syphilitic Disease	M 1 F -	-	-	-	-	-	-	-	-	-	-	1	-
9. Other infective and parasitic diseases	M 1 F -	-	-	-	1	-	-	-	-	-	-	-	-
10. Malignant neoplasm, stomach	M 10 F 7	-	-	-	-	-	-	-	-	1	4	1	4
11. Malignant neoplasm, lung, bronchus	M 18 F 3	-	-	-	-	-	-	-	1	2	5	9	1
12. Malignant neoplasm, breast	F 10	-	-	-	-	-	-	-	4	1	1	3	1
13. Malignant neoplasm, uterus	F 1	-	-	-	-	-	-	-	-	-	-	-	1
14. Other malignant and lymphatic neoplasms	M 23 F 24	-	-	-	-	-	-	-	1	2	7	7	6
15. Leukaemia, aleukaemia	M 1 F -	-	-	-	-	-	-	-	-	3	8	5	8
16. Diabetes	M - F 3	-	-	-	-	-	-	-	-	-	-	-	-
17. Vascular lesions of nervous system	M 42 F 69	-	-	-	-	-	-	-	1	5	5	15	16
18. Coronary disease, angina	M 51 F 23	-	-	-	-	-	-	-	1	2	7	18	42
19. Hypertension with heart disease	M 3 F 11	-	-	-	-	-	-	-	-	-	1	8	14
20. Other heart disease	M 41 F 57	-	-	1	-	-	-	-	2	1	2	11	24
											2	10	45

21. Other circulatory disease	M	15	-	-	-	-	-	-	-	-	1	2	3	9
	F	12	-	-	-	-	-	-	-	1	-	1	2	8
22. Influenza	M	2	-	-	-	-	-	-	-	-	-	-	-	2
	F	2	-	-	-	-	-	-	-	-	-	-	-	2
23. Pneumonia	M	15	1	-	1	-	-	-	-	-	-	2	2	9
	F	12	-	-	1	-	-	-	-	-	-	1	3	6
24. Bronchitis	M	13	-	-	-	-	-	-	-	-	-	2	1	10
	F	3	-	-	-	-	-	-	-	-	-	-	-	3
25. Other diseases of respiratory system	M	5	-	-	-	-	-	-	-	-	-	2	2	1
	F	1	-	-	-	-	-	-	-	-	-	-	-	-
26. Ulcer of stomach and duodenum	M	1	-	-	-	-	-	-	-	-	-	-	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
27. Gastritis, enteritis and diarrhoea	M	2	-	-	-	-	-	-	-	-	1	-	-	1
	F	1	-	-	-	-	-	-	-	-	-	-	-	-
28. Nephritis and nephrosis	M	1	-	-	-	-	-	-	-	-	-	-	-	-
	F	3	-	-	-	-	-	-	-	-	-	1	2	-
29. Hyperplasia of prostate	M	4	-	-	-	-	-	-	-	-	-	-	2	2
30. Pregnancy, childbirth, abortion	F	1	-	-	-	-	-	-	-	-	1	-	-	-
31. Congenital malformations	M	3	-	-	1	-	-	-	1	-	-	1	-	-
	F	1	-	-	1	-	-	-	-	-	-	-	-	-
32. Other defined and ill-defined diseases	M	27	5	-	-	-	-	-	1	-	3	4	4	10
	F	22	2	-	1	-	-	-	1	-	-	1	1	15
33. Motor vehicle accidents	M	6	-	-	-	-	-	-	1	-	-	-	-	1
	F	3	-	-	-	-	-	-	-	-	-	-	1	-
34. All other accidents	M	5	-	-	-	-	-	-	1	-	1	-	1	1
	F	6	-	-	-	-	-	-	-	-	-	-	1	4
35. Suicide	M	7	-	-	-	-	-	-	-	-	2	-	-	-
	F	2	-	-	-	-	-	-	-	-	-	1	1	-
TOTAL - ALL CAUSES	M	300	6	3	1	3	5	3	8	21	50	84	116	
	F	278	2	3	2	1	3	8	8	8	25	63	162	

CAUSES OF DEATH : AGE AND SEX DISTRIBUTION 1963

CAUSES OF DEATH	Sex	All Ages	Under 4 weeks	4 weeks and under 1 year	1 - 5 years	5 -15 years	15-25 years	25-35 years	35-45 years	45-55 years	55-65 years	65-75 years	75 years and over
1. Tuberculosis, respiratory	M 3 F -	-	-	-	-	-	-	-	-	-	-	1	2
2. Tuberculosis, other	M - F 1	-	-	-	-	-	1	-	-	-	-	-	-
3. Syphilitic Disease	M - F -	-	-	-	-	-	-	-	-	-	-	1	-
9. Other infective and parasitic diseases	M 1 F -	-	-	-	1	-	-	-	-	-	-	-	-
10. Malignant neoplasm, stomach	M 10 F 7	-	-	-	-	-	-	-	-	1	4	1	4
11. Malignant neoplasm, lung, bronchus	M 18 F 3	-	-	-	-	-	-	-	1	2	5	3	4
12. Malignant neoplasm, breast	F 10	-	-	-	-	-	-	-	4	1	1	3	1
13. Malignant neoplasm, uterus	F 1	-	-	-	-	-	-	-	-	-	-	-	1
14. Other malignant and lymphatic neoplasms	M 23 F 24	-	-	-	-	-	-	-	1	2	7	7	6
15. Leukaemia, aleukaemia	M 1 F -	-	-	-	-	-	-	-	-	3	8	5	8
16. Diabetes	M - F 3	-	-	-	-	-	-	-	-	-	-	-	-
17. Vascular lesions of nervous system	M 42 F 69	-	-	-	-	-	-	-	1	5	5	15	16
18. Coronary disease, angina	M 51 F 23	-	-	-	-	-	-	-	1	2	12	21	15
19. Hypertension with heart disease	M 3 F 11	-	-	-	-	-	-	-	-	-	1	1	1
20. Other heart disease	M 41 F 57	-	-	1	-	-	-	-	2	1	2	11	24
											2	10	45

21. Other circulatory disease	M	15	-	-	-	-	-	-	-	1	2	3	9
	F	12	-	-	-	-	-	-	1	-	1	2	8
22. Influenza	M	2	-	-	-	-	-	-	-	-	-	-	2
	F	2	-	-	-	-	-	-	-	-	-	-	2
23. Pneumonia	M	15	1	1	-	-	-	-	-	-	2	2	9
	F	12	-	1	1	-	-	-	-	-	1	3	6
24. Bronchitis	M	13	-	-	-	-	-	-	-	-	2	1	10
	F	3	-	-	-	-	-	-	-	-	-	-	3
25. Other diseases of respiratory system	M	5	-	-	-	-	-	-	-	-	2	2	1
	F	1	-	-	-	-	-	-	-	-	-	-	-
26. Ulcer of stomach and duodenum	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
27. Gastritis, enteritis and diarrhoea	M	2	-	-	-	-	-	-	-	1	-	-	1
	F	1	-	-	1	-	-	-	-	-	-	-	-
28. Nephritis and nephrosis	M	1	-	-	-	1	-	-	-	-	-	-	-
	F	3	-	-	-	-	-	-	-	-	1	2	-
29. Hyperplasia of prostate	M	4	-	-	-	-	-	-	-	-	-	2	2
30. Pregnancy, childbirth, abortion	F	1	-	-	-	-	-	1	-	-	-	-	-
31. Congenital malformations	M	3	-	1	-	-	-	1	-	-	1	-	-
	F	1	-	1	-	-	-	-	-	-	-	-	-
32. Other defined and ill-defined diseases	M	27	5	-	-	-	-	1	-	3	4	4	10
	F	22	2	1	-	1	-	1	-	-	1	1	15
33. Motor vehicle accidents	M	6	-	-	-	1	4	-	-	-	-	-	1
	F	3	-	-	-	-	2	-	-	-	-	1	-
34. All other accidents	M	5	-	-	-	1	1	-	-	1	-	1	1
	F	6	-	-	-	-	-	-	-	-	-	1	4
35. Suicide	M	7	-	-	-	-	-	1	-	2	1	1	-
	F	2	-	-	-	-	-	-	-	-	1	1	-
TOTAL - ALL CAUSES	M	300	6	3	1	3	5	3	8	21	50	84	116
	F	278	2	3	2	1	3	1	8	8	25	63	162

AVERAGE ANNUAL BIRTH RATES AND DEATH RATES 1954 - 1963

Sanitary Districts	Average Population	Live Births: Total	Average Annual Number of Births	Average Annual Birth Rate	Deaths: Total	Average Annual Number of Deaths	Average Annual Death Rate
Llanfyllin M.B.	1,280	161	16.1	12.58	206	20.6	16.09
Llanidloes M.B.	2,328	297	29.7	12.76	375	37.5	16.11
Machynlleth U.D.	1,842	257	25.7	13.95	283	28.3	15.36
Montgomery M.B.	899	175	17.5	19.47	97	9.7	10.79
Newtown & Llanllwchrïarn U.D.	5,406	852	85.2	15.76	624	62.4	11.54
Welshpool M.B.	6,152	1,062	106.2	17.26	682	68.2	11.09
URBAN DISTRICTS	17,907	2,804	280.4	15.66	2,267	226.7	12.66
Fordeu R.D.	5,143	904	90.4	17.58	684	68.4	13.30
Llanfyllin R.D.	9,643	1,509	150.9	15.65	1,117	111.7	11.58
Machynlleth R.D.	2,969	378	37.8	12.73	420	42.0	14.14
Newtown & Llanidloes R.D.	8,960	1,396	139.6	15.58	1,043	104.3	11.64
RURAL DISTRICTS	26,715	4,187	418.7	15.67	3,264	326.4	12.22
WHOLE COUNTY	44,622	6,991	699.1	15.67	5,531	553.1	12.31

REPORT OF COUNTY MEDICAL OFFICER OF HEALTH ON
THE AMBULANCE AND SITTING CASE CAR SERVICE
FOR THE YEARS 1962 AND 1963.

Under Section 27 of the National Health Service Act 1946, Local Health Authorities are responsible for ensuring that "ambulance and other means of transport" are made available, where necessary, for the conveyance of persons suffering from illness or mental defectiveness or expectant or nursing mothers from places within their area and to places in or outside their area.

Under Section 24 of the National Health Service (Amendment) Act 1949, the Local Health Authority from whose area a patient has been admitted to hospital, is required to bear the cost of ambulance facilities for the return journey on the patient's discharge from hospital if this occurs within three months from the date of admission.

AMBULANCE SERVICE

The six St. John Ambulance Brigade Divisions in this County continue to provide a voluntary Ambulance Service as agents of the County Council. From the inception of the Ambulance Service on the 5th July 1948, to 31st December 1963, the ambulances operating in this County have carried out 15,196 journeys conveying 18,114 patients, a total mileage of 716,970, a truly remarkable record for a service which is manned entirely by volunteer personnel. It should also be recorded that on practically all journeys carried out the ambulances are manned by both a driver and an attendant, a service which is not always provided by full-time Ambulance Services operated by other Local Authorities.

At present payment is made by the County Council to each of the six Ambulance Divisions as follows:-

Annual Grant	£300.	Mileage	= 1/2d per mile.
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Ambulances are based in the following towns:-

Caersws, Llanfyllin, Llanidloes, Machynlleth, Newtown and Welshpool. Each of the St. John Ambulance Divisions can be contacted directly, but generally details of requests made during office hours are passed to the County Health Office, so that full use can be made of vehicles to convey other patients.

Each ambulance has been allocated a specific area of the County as shown overleaf and should a request for transport from a particular area be received, and the ambulance covering the area is not available, then the nearest available ambulance can readily be obtained:

Ambulance		Area Covered
Caersws	Parishes of:	Llanwmog; Tregynon; Penstrowed; Mochdre; Llanwyddelan; Llanllugan; Carno; Aberhafesp; Manafon; Trefeglwys(part); and Llandinam(part).
Llanfyllin	Borough of Parishes of	Llanfyllin: Llanerfyl; Llangadfan; Garthbeibio; Llanwddyn; Penybontfawr; Llanfihangel; Llanrhaeadr; Pennant; Llangynog; Meifod; Llanfechain; Llansantffraid; Hirnant; Llandrinio; Llandysilio and Carreghofa.
Llanidloes	Borough of Parishes of	Llanidloes: Llangurig; Llanidloes without; Trefeglwys (part); and Llandinam(part).
Machynlleth	Urban District of Parishes of	Machynlleth; Caereinion Fechain; Cemmaes; Darowen; Isygarreg; Uwchgarreg; Llanbrynmair; Llanwrin; and Penegoes.
Newtown	Urban District of Parishes of	Newtown and Llanllwchaiarn; Kerry; Churchstoke; Llandyssil; Llanmerewig; and Bettws.
Welshpool	Boroughs of Parishes of	Welshpool and Montgomery; Bausley; Middletown; Trelystan; Forden; Berriew; Castle Caereinion; Llanfair Caereinion; Guilsfield and Llangyniew.

SITTING-CASE CAR SERVICE

The Sitting-case Car Service in this County is operated by volunteer car owners and commercial taxi owners who undertake the service, at the following payment rates:-

(a) Volunteer Car Owners

Cars up to and including 13 h.p. or 1500 c.c. = 7½d per mile.

Cars over 13 h.p. or 1500 c.c. = 8d per mile.

Local journeys minimum payment of 2/6d per journey. Lunch = 7/6d, Tea = 3/-. No waiting time is paid. The above mileage rates only apply when one patient is conveyed. An allowance of ½d per mile is also paid in respect of each additional patient, such allowance to be applied to that portion of the mileage for which the extra patient(s) is conveyed.

(b) Commercial Taxi Owners

Mileage rate = 10d per mile.

Waiting Time = 4/- per complete hour.

Local journeys minimum payment of 2/6d per journey. No subsistence allowance paid.

The Daily administration of the service is carried out at the County Health Office to which all requests from General Practitioners and Hospitals within the County, and hospitals and Ambulance Service Headquarters in other Counties are forwarded. In cases of emergency, requests from within the County can be passed by General Practitioners, Hospitals and District Nurses, to the nearest authorised Taxi owner, or volunteer Sitting-case driver, but in the majority of cases such requests during office hours are passed to this Office. It should be recorded that the County Health Office has received the fullest co-operation from Sitting-case Car drivers, many of whom spend a considerable amount of time each month in the conveyance of patients, to whom they show the greatest consideration.

Journeys are co-ordinated as far as is possible, consistent with the needs and comfort of the patients. Although this tends to increase the mileage of individual journeys, the total number of journeys is reduced considerably with a consequent saving in cost.

An increase in the demand for sitting-case cars is regarded as being inevitable because of the existing inadequacy of public transport and the proposed closure of intermediate Railway Stations. Patients who are considered fit enough to travel by public transport are, in general, not eligible for conveyance by ambulance or sitting-case car, even if no suitable public transport services are available. Family doctors in this County are very co-operative in this respect but a degree of elasticity in the interpretation of the regulations must be allowed for if some patients from remote areas are to receive treatment.

Due to the increasing number of vehicles conveying patients to and from hospitals outside the County, many drivers have found difficulty in obtaining parking facilities either in hospital parking grounds or in parking grounds and streets nearby. In order to assist drivers concerned, the County Council agreed that all Sitting-case Car drivers be supplied with notices bearing the words "Montgomeryshire Ambulance Service" for display on their car windscreens. This notice has helped the drivers considerably in finding parking facilities, and now makes parking less difficult than before.

During recent years, it has been apparent that the number of cases requiring transport to Out-Patient clinics held at Hospitals within the County has decreased (with the exception of Physiotherapy cases,) and the number attending out-county hospitals for treatment has increased. Due to the fact that no large General Hospital is situated in this County, the majority of patients are conveyed mainly to Aberystwyth, Oswestry, Shrewsbury and Wrexham, and as the same patients are continually recalled to attend clinics at these hospitals, the mileage, and hence the cost of the Sitting-case Car Service is constantly increasing.

Out-patient clinics in hospitals outside this County are held on a timed appointment basis, and this method has produced a quicker turn-over of patients as far as hospitals are concerned. It has however, added to the difficulties of the Sitting-case Car Service in that a number of cars have to be used daily in conveying patients living in the same area and attending the same hospital, and perhaps the same clinic, but with different appointment times. Whenever possible, hospitals co-operate with this Office in avoiding such difficulties but many instances arise when co-ordination of patients' appointments cannot be achieved. It will be apparent that whilst patients are having less time to wait for treatment under this appointment system, such a system does not help in curbing the journeys necessary to convey the patients, but tends to increase them, thus resulting in higher costs.

The greatest demands made on the service each year are from the Physiotherapy Departments at Machynlleth, Newtown, Llanidloes and Welshpool Hospitals, and the Orthopaedic Hospital, Oswestry. Over the years a co-operative and friendly atmosphere has been built up between my staff and the physiotherapists concerned, which has gone a long way towards minimising the transport expenditure involved.

Patients receiving physiotherapy are grouped together by areas, and are given appointments at the same time, on the same days, so that vehicles used to convey them can usually be filled to capacity. This method is used extensively when patients are conveyed to the Orthopaedic Hospital, but cannot be applied effectively to cases attending physiotherapy out-patient clinics at hospitals in Montgomeryshire. The physiotherapists at these Clinics do their utmost to help in keeping transport costs as low as possible but, working single-handed as they do, they are unable to give simultaneous treatment to a car load of patients brought for treatment at the same appointment time. The transport costs of this Service will probably increase because of the ageing population in the County.

THE INSTITUTE OF AMBULANCE OFFICERS, LTD.

During 1961 and 1962 the National Association of Ambulance Officers brought into being the above-named Institute with the following objects:-

- (a) To promote, encourage and improve the theory and practice of Ambulance Service organisation and administration, and all operations and expedients connected therewith, and give an impulse to ideas likely to be useful in connection with or in relation to such theory and practice to the members of the Institute and to the community at large.
- (b) To enable members to meet and to correspond, and to facilitate the interchange of ideas respecting improvements in the various branches of Ambulance Service organisation and administration, and the publication and communication of information on such subject.

The instute, it is believed, would meet a long felt need in the service, and can do a very great deal to enhance the prestige of all service members who pass its examinations, which can be carried out in four grades, viz: Licentiates, Graduates, Associates and Fellows. It is hoped that the Certificate of Diploma of the Institute will ultimately be recognised as the necessary qualification for advancement in the Ambulance Service. During 1961 two members of my staff, Messrs. D. W. Rees and B. Owen submitted papers on a set subject and as a result were made Fellow and Graduate of the Institute respectively.

N.A.A.O. CONFERENCE 1963

At the Ambulance Officers Annual Conference, one of the Conferene Papers given by Mr. T. G. Mullen, Ambulance Adviser, Ministry of Health, was on "the Hospital Car Ser ice." This address, which was assumed to be the official view of the Ministry, proved of particular interest to this Authority's delegates in that the Service envisaged by the Speaker, could well have been a description of the Service at present provided in this County.

Mr. Mullen was of the opinion that in many areas the Hospital Car Service had been regarded as a temporary expedient, while a Service of Local Health Authority owned vehicles and paid staff was being built up. The position today is that 80% of the patients being conveyed by the Ambulance Service are hsopital Out-Patients. Such demands taxed the Service to the hilt and resulted in Ambulances covering long distances picking up patients en route on a so called "Milk Round." He felt that such a practice was often a great inconvenience to patients, particularly elderly persons, as it involved long periods of waiting at hospitals and tedious journeys to and from the hospitals. As the needs of the individual patients should always be given every consideration, he considered that greater use of the Hospital Car Service would not only provide a more comfortable and speedier service to the patients, but would be of economic advantage inasmuch as fewer Local Health Authority owned vehicles and paid staff would be necessary.

Of the 22,009 patients conveyed in this County during 1963, 20,171 patients were transported by the Car Service, and of the remaining 1,838 patients conveyed by Ambulance, 286 of these patients were sitting cases.

AMBULANCE COMPETITION.

In 1962 and 1963 the Wales Regional Competition for Local Authority Ambulance personnel organised by the National Association of Ambulance Officers was held in Newtown for the fourth and fifth consecutive years respectively.

The team representing Montgomeryshire in 1962 was Messrs. L.H.Owen and G. Williams, Caersws S.J.A.B. who came fourth out of an entry of seven teams.

In 1963 the Montgomeryshire team was Messrs. W. E. Neale and G. Smith, Machynlleth S.J.A.B. who came eighth out of an entry of nine teams. As on previous occasions, Mr. D. W. Rees of this Department acted as Competition Secretary.

ACCIDENT AND EMERGENCY SERVICES.

During 1962, a report on "The Accident and Emergency Services" by a Sub-Committee set up by the Central Health Services Council Standing Medical Advisory Committee was published, and the main recommendations relating to the Ambulance Service were as follows:-

- (a) Training and equipment should be improved throughout the ambulance service to bring standards up to those of the best authorities.
- (b) Ambulance staff should receive part of their post-entry training in hospital, and ambulance authorities should co-operate with each other in joint courses of training, using reasonably standardised syllabuses.
- (c) Clear instructions should be given to the ambulance staff on the disposal of each case, by agreement between the hospital and ambulance authorities.
- (d) Hospital authorities should make every effort to reduce delays by ambulances at hospitals.
- (e) The Ministry of Health circulars on ambulance equipment and training should be revised.
- (f) Regional Hospitals should consult ambulance authorities on the designation of accident and emergency units, the design of the approaches to them, the day to day working of the ambulance service and the exceptional use of helicopters instead of ambulances.
- (g) There should be an ambulance control sub-centre in major hospital centres, preferably in or close to the accident unit. More use should be made of radio-telephony from the scene of the accident to the accident unit.

This Authority has been fortunate in the past in that malicious emergency telephone calls have not been made, but one such instance occurred on 13th September 1962, to the effect that a badly burnt person required immediate hospitalization. Within thirty minutes of receipt it was established that the call was not genuine. The Mid-Wales Police Authority was informed, but unfortunately insufficient evidence was produced to enable the Police to establish the identity of the perpetrator of the hoax. During this anxious period, my staff made a dozen telephone calls trying to substantiate that the call was genuine, but to no avail: it must be appreciated that the receipt of such a call places the Ambulance Service under a great degree of responsibility and anxiety.

During the summer months, when the influx of visitors to this County, and those passing through, is at its peak, difficulties have been experienced in pin-pointing the exact location of a road accident reported by a visitor. These visitors are not familiar with the geographical layout of this County, especially off the main trunk roads, and messages received from them are sometimes vague. Fortunately, to date, all such calls have been dealt with successfully, although ambulance crews have been placed in somewhat of a dilemma.

All emergency and accident calls received from Churchstoke, Forden, Kerry, Llanfyllin, Llanrhaeadr, Llansantffraid and Montgomery Telephone Exchange areas are received and dealt with by the Montgomeryshire Ambulance Service whether or not such requests originate from Denbighshire, Shropshire or Montgomeryshire. These other Authorities are financially responsible for any such journeys done on their behalf. The Salop Ambulance Service covers the Llanymynech Telephone Exchange area for accident and emergency calls and deal with any such requests originating from this area and we accept financial responsibility for those cases which originate in the Montgomeryshire part of this Telephone Exchange area.

The severe wintry conditions which prevailed during the January-March 1963 period presented hazardous and difficult demands on the Service.

During this period the following patients were conveyed, requiring immediate hospitalization or treatment:-

	Stretcher patients	Sitting patients	Total patients
Emergency Medical patients	23	44	67
Road Accident Patients	10	1	11
Miscellaneous accident patients.	56	84	140
Total	89	129	218

It is to the credit of all ambulance drivers, and attendants, and car drivers that all these patients were conveyed successfully to hospital, although on numerous occasions vehicles had to be preceded by snow ploughs or had to be dug out of snow drifts. In the more inaccessible parts of the County it was necessary on occasions for patients to be brought by Land Rover or by Tractor and Trailer from their homes to meet the waiting ambulance or car. Throughout this trying period full transport facilities were available daily, and although demands, other than emergency calls, were understandably lower than usual, 1,553 journeys were carried out and 75,326 miles were covered during this period in conveying 4,661 patients of whom 339 were stretcher patients and 4,322 were sitting patients. The response to the demands made upon ambulance and car personnel during this period earned the special appreciation of the County Council.

During 1963, 975 patients requiring immediate hospitalization were conveyed, under the following categories. Comparative figures for 1962 are also given.

1963	Stretcher Patients	Sitting Patients	Total Patients
Road Accident	117	11	128
Misc. Accident	136	381	517
Medical Emergency	161	169	330
Total	414	561	975
1962	Stretcher Patients	Sitting Patients	Total Patients
Road Accident	111	-	111
Misc. Accident	59	50	109
Medical Emergency	66	227	293
Total	236	277	513

The increase of 462 patients in comparing the two years was due not only to more accurate recording of these types of patients, but also to increased demand especially in relation to patients being transported as a result of accidents other than road accidents.

For the purpose of tracing the extent of these demands, the County has been divided up into 6 areas coinciding with the six St. John Ambulance Brigade coverage areas as set out on a previous page, and the following tables give the analysis of Accident/Emergency patients conveyed by transport which commenced the journey from a particular area.

1963	Road Accident Patients	Misc. Accident Patients	Medical Emergency Patients	Total Patients
Caersws Area	6	22	24	52
Llanfyllin Area	12	164	101	277
Llanidloes Area	19	51	17	87
Machynlleth Area	11	55	53	119
Newtown Area	34	76	57	167
Welshpool Area	46	149	78	273
Total	128	517	330	975

1962	Road Accident Patients	Misc. Accident Patients	Medical Emergency Patients	Total Patients
Caersws Area	9	1	14	24
Llanfyllin Area	32	47	98	177
Llanidloes Area	11	8	13	32
Machynlleth Area	17	6	24	47
Newtown Area	19	17	48	84
Welshpool	23	30	96	149
Total	111	109	293	513

As the majority of the patients classified under miscellaneous accidents are as a result of limb fractures, the cost to the Ambulance Service does not end with the first journey to hospital, but is only the prelude to numerous journeys over a period of months, in the first instance to Fracture Out-Patient departments held at Aberystwyth, Oswestry or Shrewsbury Hospitals, and in many cases then to Physiotherapy Departments at the Local or Out County hospitals.

It has been apparent since the introduction of The Mental Health Act, 1959, that the number of patients requiring transport to convey them as "Informal Admissions" to the Mid-Wales Hospital, Talgarth, and Shelton Hospital, Shrewsbury, has increased, and especially the number of Out-Patients who require transport to attend Psychiatric Clinics held at Local and neighbouring Hospitals.

Another increase in patients has been noted in attendances at Maternity clinics and also for emergency maternity admissions, some of which cause the Service some anxiety if the hospital to which the patient is being conveyed is outside the County. However, during both years, all such patients were safely admitted to hospital before delivery, and no birth was recorded in an ambulance or car.

As demands on the Service, and in particular the Car Service, have increased considerably year by year, it was found that difficulties continually arose because patients, when called for, insisted on being allowed to take an escort, when there was no reason for anyone to accompany the patient.

To prevent this abuse of the Service, all General Practitioners, in this County were acquainted with the difficulty, and asked, in future, when ordering transport to state whether or not they considered that the patient concerned, due to physical condition and/or age, should be allowed the company of a relative or friend.

Since introducing this system, it has been found that the majority of patients are able to travel alone, and the previous difficulties which my staff were confronted with have now been minimised, and the planning and co-ordination of journeys has been made easier.

CO-ORDINATION OF STRETCHER AND SITTING PATIENT JOURNEYS

The number of stretcher patients conveyed to hospital on weekdays between 9.00 a.m. and 5.00 p.m. was greater in 1963 than in 1962. As a result of this, and because of greater co-operation between this office and the six St. John Ambulance Divisions, 286 sitting patients were conveyed in ambulances in 1963 as opposed to 212 in 1962. This co-ordination of transport by using ambulances on their outward or return journeys for the conveyance of sitting patients, not only minimises the empty mileage run which is inevitable when ambulances are used primarily in the conveyance of stretcher patients, but also gives the Sitting-case car service some respite from its ever increasing demands. The following table shows the number of sitting patients conveyed by each ambulance during 1962 and 1963:-

	1963	1962		1963	1962
Caersws	21	6	Machynlleth	28	39
Llanfyllin	155	83	Newtown	43	35
Llanidloes	28	19	Welshpool	11	30
			Total	206	212

HOSPITAL TRANSFERS

There is a tendency for patients who have been treated in the Out-County hospitals to be transferred to local hospitals in the County for recuperation before being sent home. This practice will almost certainly grow in future and put an increasing strain on the Ambulance Service rather than the sitting-case car service.

Summary of patients transferred between hospitals as from 1954

Year	Stretcher Patients	Sitting Patients	Total Patients
1954	94	No record	94
1955	87	No record	87
1956	65	No record	65
1957	75	No record	75
1958	131	No record	131
1959	167	184	351
1960	212	200	412
1961	201	168	369
1962	257	187	444
1963	182	220	402

LONG DISTANCE SERVICE (RAIL AND ROAD JOURNEYS)

The Ministry of Health advise Local Authorities that rail transport should be used, whenever possible, to convey patients attending distant hospitals for treatment. This method of transportation is not only quicker and more convenient, but also more economic than sending an Ambulance/car to such distant centres as London. Patients are conveyed from their homes or hospital by ambulance/car to the nearest or most convenient railway station where usually a compartment is reserved for their use on the train. Escorts for the whole journey are provided by St. John Ambulance Brigade or British Red Cross Society when necessary, otherwise, relatives accompany the patients. Upon arrival at their destination station arrangements are made for them to be met and conveyed to their hospital/home destination by the Ambulance Service or the Authority in whose area the station is situated. This County is fortunate in having a through train service to and from London on weekdays and patients for London and surrounding districts are transported on this train. For patients to other parts of the County an excellent train service operates from Shrewsbury to which station they are usually taken by road depending on their physical condition. Requests for this type of transport are not frequent in this County but when General Practitioners make requests for transport to convey patients over a great distance, they co-operate if my staff suggest moving the patient by rail. Reciprocal arrangements are also made to meet patients at railway stations in this County on behalf of other Ambulance Services, and convey them to addresses either within this County or in neighbouring Counties.

SUMMARY OF PATIENTS CONVEYED BY RAIL TRANSPORT DURING 1962 AND 1963

1962	Number of Patients	Conveyed from	Conveyed to
	One	Newtown	London
	One	Llanbrynmair	London
	One	Machynlleth	London
	One	Llanfyllin	High Wycombe
	One	Newtown	Lyme Regis

1963	Number of Patients	Conveyed from	Conveyed to
	Two	Machynlleth	Liverpool
	One	Welshpool	Birmingham
	One	Liverpool	Llanfyllin
	Two	Machynlleth	London
	One	Llangynog	Plymouth
	Three	Llanrhaiadr	London
	One	Machynlleth	Smethwick
	One	Newtown	London

		<u>1962</u>	<u>1963</u>
Total Cost	=	£30	£44
Approx. Road Mileage	=	1,826	3,100

During 1962 difficulties were experienced in obtaining the services of escorts to accompany patients on train journeys which necessitated the escort staying overnight at the patient's destination. To assist in this matter, the County Council agreed to reimburse the escort for any loss of earnings incurred, and as a result no further difficulties have been experienced.

To such hospital centres as Birmingham, Cardiff, Liverpool and Manchester, road transport is generally arranged for the whole journey. The following number of patients were conveyed during 1963 to and from the distant hospital centres as shown.

Liverpool	= 153 patients	Carmarthen	= 7 patients
Birmingham	= 63 patients	Smethwick	= 8 patients
Wolverhampton	= 26 patients	Caernarvon	= 4 patients
Cardiff	= 16 patients	Warrington	= 4 patients
Manchester	= 29 patients	Mold	= 6 patients
Stourbridge	= 5 patients	Cheshire	= 10 patients

With the exception of Liverpool and Birmingham the number of requests to convey patients to distant hospitals are moderate. It must be remembered that the transport of patients to and from Liverpool Hospitals is mainly from the Chest Hospital, Machynlleth, which is used not only by this County but also by neighbouring Counties for the treatment of chest ailments, and as some of these patients require operative treatment which is carried out at Liverpool, transportation of these patients to and from Liverpool and Machynlleth rests with this Authority.

On all long distance road journeys the Ambulance Services of the authorities through whose areas our vehicle passes are given details of the journey whenever possible, so that they can make use of the vehicle either on the outward or return journey. This co-ordination of Local Authority Ambulance Services helps in curbing the ever increasing cost of the Services to the country, but unfortunately this co-operation between Local Authorities is not used as extensively as it could be.

INFECTIOUS PATIENTS

Arrangements have been made with the Cardigan and Salop Ambulance Services to transport infectious patients from this County, and these Authorities are reimbursed for the total mileage covered on our behalf at the current inter-authority charges per mile. On occasions the Ambulances operating in this County convey suspected and confirmed infectious cases and arrangements have been made through the kind co-operation of the staff at Llys Maldwyn Hospital, Caersws, for all blankets, etc., used in conveying these cases to be taken to the hospital for fumigation. Appreciation must also be given to the Salop Ambulance Service for their willing assistance at all times in allowing our vehicles to be fumigated at their Shrewsbury Depot whenever necessary.

DAILY DEMANDS RECEIVED FOR TRANSPORT

In order to arrive at a fair appreciation of the demands which are being made on the Service, and if one ignores the number of patients conveyed on week-ends, it will be seen that throughout each week-day approximately 84 patients were transported in 1963 as compared to 79 patients in 1962. It must also be realised that the majority of these patients were conveyed between the hours of 9.00 a.m. and 4.00 p.m. daily. Of the patients conveyed, ambulances conveyed 7 patients, and cars conveyed 77 patients on average per week-day in 1963 and 6 patients and 73 patients respectively in 1962. For your information and interest at Appendix "A", a full list of all patients conveyed hour by hour on 18th September 1963 has been collated. It will be noted from the list that 129 patients were conveyed on that particular day to and from diverse destinations, from all areas of the County. The co-ordination of journeys very often presents my staff with many problems, and it is only by the close co-operation of all concerned, that the smooth operation of the Service is maintained. Of the 129 patients conveyed on that particular day, only 37 patients were taken to and from the local hospitals, in comparison to 92 patients taken to and from Out-County hospitals. This emphasises the distance which Montgomeryshire patients have to travel to receive medical attention.

STATISTICAL INFORMATION

The Ministry of Health give the following definition of "Number of Patients" conveyed.

"Person carried" means one person carried once in one direction, i.e. a person taken to hospital and later on the same day taken home, counts as two whether or not the ambulance/car waits to take the patient home.

This definition applies to all statistics in this report relating to "Patients carried".

Although the demands made upon it continue to increase, the Service operated efficiently throughout the years. The total number of Section 27 patients reached a new high figure of 22,009. This represents an increase over the preceeding year of 1,436. 6,625 journeys were carried out and 330,837 miles were covered as against 6,787 journeys and 327,082 miles in 1962.

ANALYSIS OF PATIENTS

The following figures give the breakdown of patients by categories conveyed during 1962 and 1963:-

	Stretcher Patients		Sitting Patients		Total Patients	
	1962	1963	1962	1963	1962	1963
Medical Emergencies	66	161	227	169	293	330
Road Accidents	111	117	-	11	111	128
Miscellaneous Accidents	59	136	50	381	109	517
Admissions	541	440	517	500	1058	940
Discharges	120	49	717	612	837	661
Transfers	257	182	187	220	444	402
Maternity	28	102	28	442	56	550
Out Patients	}366	189	8138	8373	8504	8562
Physiotherapy		176	9161	9743	9161	9919
TOTAL	1548	1552	19025	20457	20573	22009

N.B. The 1548 patients shown as stretcher cases for 1962 include 212 sitting cases and it is not now possible to show under which category these sitting cases should be allocated.

Combined Ambulance /Car Service statistics for 1962 and 1963.

Month	Journeys	Mileage	Patients		Total Patients	Total Cost £
			Stretcher	Sitting		
January	570	27302	112	1601	1713	1344
February	515	26774	96	1579	1675	1303
March	563	27622	95	1604	1699	1358
April	524	23341	96	1388	1484	1192
May	589	30476	102	1727	1829	1484
June	608	30311	107	1656	1763	1506
July	650	30079	122	1838	1960	1506
August	519	23691	97	1455	1552	1209
September	496	22791	100	1378	1478	1167
October	580	28661	129	1663	1792	1424
November	635	29046	148	1865	2013	1477
December	532	25162	132	1483	1615	1289
Rail Service	6	1826	-	-	-	30
Total 1962	6787	327082	1336	19237	20573	16289

Month	Journeys	Mileage	Patients		Total Patients	Total Cost £
			Stretcher	Sitting		
January	501	23355	130	1266	1396	1185
February	498	23422	103	1331	1434	1202
March	554	28549	106	1725	1831	1409
April	581	29078	143	1753	1896	1468
May	576	32923	128	2108	2236	1632
June	479	24202	137	1445	1582	1266
July	605	29666	135	1969	2104	1518
August	561	28069	165	1627	1792	1428
September	586	27071	127	1850	1977	1361
October	608	29688	143	1939	2082	1501
November	551	27368	125	1866	1991	1397
December	515	24346	110	1578	1688	1255
Rail Service	10	3100	-	-	-	44
Total 1963	6625	330837	1552	20457	22009	16666

From the above table it will be noted that the greatest demand to date on the Service came in May 1963, when 2,236 patients were conveyed at a cost of £1,632, and to convey them it was necessary for vehicles to cover 32,923 miles. The highest number of stretcher patients conveyed was during August 1963, when 165 patients were transported in ambulances and of these 165 patients, 34 were patients with road accident injuries.

It was not necessary during 1962 and 1963 to make use of Air Transport for the conveyance of patients.

CO-OPERATION BETWEEN AMBULANCE SERVICES

The following table indicates the number of patients conveyed by the Montgomeryshire Ambulance Service on behalf of other Local Authority Ambulance Services etc. during 1962 and 1963.

Authority	1962 (patients)	1963 (patients)
Merioneth	7	20
Radnor	9	6
Cardigan	1	41
Salop	6	19
Denbigh	17	33
London	1	1
Liverpool	2	2
Smethwick	1	-
Birmingham	1	2
Mid-Wales Hospital Management Committee	1	-
Carmarthen	-	1
Manchester	-	1
Bournemouth	-	1
Brecon	-	2
Somerset	-	2
Total	46	131

Similarly in 1962 and 1963 the following Ambulance Services conveyed the patients shown on behalf of the Montgomeryshire Ambulance Service:-

Authority	1962 (patients)	1963 (patients)
Merioneth	7	5
Denbigh	2	16
Salop	6	30
Plymouth	-	1
Liverpool	-	1
Birkenhead	-	2
Birmingham	-	2
London	-	6
Cardigan	-	2
Total	15	65

Journeys carried out by the Montgomeryshire Ambulance Service on behalf of other services of the Montgomery County Council during 1963.

N.B. Figures for 1962 are not now available.

Service	Journeys	Mileage	Patients	Cost £
School Health	48	3,137	238	137
*Mental Health	237	6,343	252	217
Dental Health	7	167	72	8
Special Schools	30	4,549	28	176
Total	322	14,196	590	538

* Journeys to Junior Training Centres in Newtown and Llandrinio.

The total cost as above was chargeable to each respective Service.

SUMMARY

1963	Journeys	Mileage	Patients	Cost £
Cae'rws Ambulance	103	4,839	169	581
Llanfyllin Ambulance	295	15,733	564	1,219
Llanidloes Ambulance	161	6,935	230	705
Machynlleth Ambulance	138	6,554	204	687
Newtown Ambulance	204	10,346	317	904
Welshpool Ambulance	300	11,756	354	986
Total Ambulance Service	1,201	56,163	1,838	5,082
Car Service	5,414	271,574	20,171	11,540
Rail Service	10	3,100	-	44
Total Montgomery Ambulance Service	6,625	330,837	22,009	16,666

1962	Journeys	Mileage	Patients	Cost £
Caersws Ambulance	83	5,231	108	599
Llanfyllin Ambulance	215	11,795	379	987
Llanidloes Ambulance	153	6,632	207	681
Machynlleth Ambulance	129	6,574	203	680
Newtown Ambulance	229	11,135	302	943
Welshpool Ambulance	275	11,996	349	994
Total Ambulance Service	1,084	53,363	1,548	4,884
Car Service	5,697	271,893	19,025	11,377
Rail Service	6	1,826	-	30
Total Montgomeryshire Ambulance Service	6,787	327,082	20,573	16,291

The following Table gives details of the extent to which the Ambulance Service has been used since the obligation to provide the Service was placed on Local Authorities in 1948. It is of interest to note that the demands on the service have increased steadily year by year.

Summary of Whole Service as from 5th July 1948 to 31st December 1963

Year	Journeys	Mileage	Cost £	Total Patients	Miles per Patient
1948(half year)	495	25,132	1,689	528	47.5
1949	1,546	80,950	4,117	1,653	49.0
1950	2,183	119,290	5,620	2,408	49.5
1951	2,930	158,442	7,258	3,206	49.4
1952	3,324	171,535	7,947	3,775	45.4
1953	3,330	169,386	7,955	3,645	46.4
1954	3,693	191,263	8,929	4,323	44.2
1955	4,570	218,933	10,041	8,068	27.1
1956	4,917	226,758	10,277	9,201	24.6
1957	4,957	222,246	10,320	10,290	21.5
1958	5,324	260,620	11,430	12,894	20.2
1959	6,225	299,224	12,584	16,325	18.3
1960	6,322	316,060	13,176	17,530	18.0
1961	6,305	320,121	13,707	18,094	17.6
1962	6,787	327,082	16,291	20,573	15.8
1963	6,625	330,837	16,666	22,009	15.0

It will be seen that the average mileage run per patient has shown a steady decrease from 27.1 miles in 1955 to 15.0 miles in 1963. This average is very largely dependent upon demands made on the Service, the extent of co-ordination of journeys and avoidance of "empty mileage", whenever possible. It provides an indication as to the efficiency of the Service, which is further emphasised when it is realised that Radio Control of Vehicles, used extensively by the majority of Local Authority Ambulance Services, does not operate in this County.

Complaints received by this Department about the Authority's Ambulance and Sitting-case Car Service were very few in the years 1962 and 1963. Only one written complaint was received and verbal complaints were also rare. The criticisms made usually refer to delays in the arrival of vehicles at the appointed time. Such delays are, unfortunately, unavoidable on occasions. The adoption by the hospital authorities of a relatively rigid appointment system confers great benefits on those patients who are able to make their own transport arrangements, but creates great difficulties for the Ambulance and Sitting-case

Car Service provided by Local Health Authorities, particularly in rural areas like Montgomeryshire.

I would like to take this opportunity of expressing my appreciation for the excellent voluntary service which is being carried out by the Officers and members of the Montgomeryshire St. John Ambulance Brigade and the British Red Cross Society, for the high standard of care and attention that they give to patients and for their willingness to carry out journeys at all times. I should also like to thank the drivers who operate the Sitting-case Car Service, for the important rôle which they play in the transportation of sitting patients and for their readiness to carry out complicated journeys.

This Report on the Ambulance and Sitting-case Car Service would be incomplete without reference to the outstanding part played by those members of the Health Department staff concerned with the Service. In particular, I would like the Council to be aware of the appreciation expressed to me on numerous occasions by the general practitioners and hospital matrons concerning the courtesy and co-operation extended to them by Mr. Brian Owen who is primarily responsible for dealing with all requests for transport. I feel that the smooth running of the Service and general satisfaction of all concerned with the arrangements made is due, in the main, to the efficient manner in which this Officer discharges his duties.

D. FELIX RICHARDS

County Medical Officer of Health.

County Health Offices,
NEWTOWN.

July, 1964.

APPENDIX "A"

AMBULANCE SERVICE

Details of Patients conveyed hour by hour on a given date in 1963.

Date of Journeys = 18th September 1963.

<u>Appointment time at Hospital</u>	<u>From</u>	<u>To</u>	<u>From</u>	<u>To</u>
9.00 a.m. - 10.00 a.m.	Meifod Llanbrynmair	Birmingham Machynlleth	Cemmaes Road Llanbrynmair	Machynlleth Machynlleth
10.00 a.m. - 11.00 a.m.	Welshpool Llanwddyn Llanfyllin Llanfair Caereinion Bwlchycibau Llanfechain Llanwddyn Four Crosses Four Crosses Llanfair Caereinion Machynlleth Llanbrynmair Welshpool	Shrewsbury Shrewsbury Shrewsbury Shrewsbury Gobowen Gobowen Gobowen Gobowen Gobowen Oswestry Oswestry Aberystwyth Machynlleth Machynlleth Welshpool	Newtown Llanfyllin Pontrobert Llansantffraid Penybontfawr Llanwddyn Llanfyllin Llanfyllin Llangynog Ceinws Cwmlline Berriew Welshpool	Shrewsbury Shrewsbury Shrewsbury Gobowen Gobowen Gobowen Gobowen Gobowen Oswestry Aberystwyth Machynlleth Welshpool Welshpool
11.00 a.m. - 12 noon	Llanfechain Newtown	Gobowen Malvern	Llanymynech Liverpool	Gobowen Machynlleth
12 noon - 1.00 p.m.	Nil	Nil	Nil	Nil
1.00 p.m. - 2.00 p.m.	Llanbrynmair Bwlchycibau Penybontfawr Llanwddyn Middletown	Gobowen Gobowen Gobowen Gobowen Gobowen	Llanfyllin Llangynog Penybontfawr Llanwddyn	Gobowen Gobowen Gobowen Gobowen
2.00 p.m. - 3.00 p.m.	Llanfyllin Llanerfyl Llanfyllin Machynlleth Machynlleth Machynlleth Llanbrynmair	Shrewsbury Shrewsbury Shrewsbury Aberystwyth Aberystwyth Machynlleth Machynlleth	Llanfyllin Dolanog Aberangell Machynlleth Churchstoke Machynlleth	Shrewsbury Shrewsbury Aberystwyth Aberystwyth Welshpool Machynlleth
3.00 p.m. - 4.00 p.m.	Llangynog Llandrinio Llandinam	Manchester Shrewsbury Llanidloes	Adfa Llanfihangel Gobowen	Newtown Shrewsbury Llanymynech
4.00 p.m. - 5.00 p.m.	Kerry Newtown	Newtown Newtown	Newtown Newtown	Newtown Newtown
Time Unknown	Montgomery Berriew	Shrewsbury Newtown	Buttington	Gobowen

In accordance with the Ministry of Health's definition of "Number of Patients" conveyed, 129 patients were conveyed on this particular day.

APPENDIX "B"
AMBULANCE SERVICE

The following table gives the telephone numbers which are in use at present for the call-out of Ambulances or Sitting-case cars in this County.

Monday - Friday	(9.00 a.m. - 5.30 p.m.)	Whole County	County Health Offices, Broad Street, Newtown. Newtown 6734.
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Outside Office Hours

CAERSWS	Sgt. D. E. Lewis, Llanidloes Road Crossing, Caersws.	Caersws 236
	Doctor T. Howell, Maengwyn, Caersws.	Caersws 225
LLANFYLLIN	Supt. H. W. G. Lunt, 14, Maesydre, Llanfyllin.	Llanfyllin 251
	T. R. Morris & Co., The Garage, Llanfyllin.	Llanfyllin 257
LLANIDLOES	County Officer R. Evans. S.B.St.J. Angel Hotel, Llanidloes.	Llanidloes 381
	Supt. D. Jenkins, 68 Caegwyn, Llanidloes.	Llanidloes 213
MACHYNLLETH	Sgt. R. L. Edwards, 12 Tregarth, Machynlleth.	Machynlleth 2158
	Supt. G. Evans, Norbury Lodge, Machynlleth.	Machynlleth 2179
NEWTOWN	Mr. R. Morris, 52 New Road, Newtown.	Newtown 6866
	Supt. A. Morris, The Bungalow, Nantoer, Newtown.	Newtown 273
WELSHPOOL	Supt. H. Cooper. S.B.St.J. 60 Gungrog Road, Welshpool.	Welshpool 3176
	Thomas' Garage, 20 Berriew Street, Welshpool.	Welshpool 2354
	Mr. D. H. Gardner, 74 Bronybuckley, Welshpool.	Welshpool 3323



